

DISSECTING THE SITE:
PLACE, SPACE AND MEMORY AT
THE OLD MANCHESTER ROYAL
INFIRMARY

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A thesis submitted in partial fulfilment of
the requirements of the Manchester
Metropolitan University for the degree
of Masters of Arts by Research

MIRIAD

October 2014

Abstract

In this practice-led research I set out to understand how mapping could be used to both recover and memorialise memories of lost places in the site of the recently redeveloped Manchester Royal Infirmary. Bringing together practice-led, person-centred and experiential approaches, I developed a methodology which fit my personal creative process, aligned with developments in mapping such as performative mapping and the use of mapping to communicate things not normally acknowledged on the cartographic map.

Methods of data collection have included walking interviews, archival research, artist's residency and visual methods, including film, photography, animation, drawing, and performance, with the approaches developed through an iterative process. Following walking interviews with people who had different jobs in the hospital, past and present, I developed my "drawing interview" method in which participants remembered place while creating drawn maps using iPad technologies. The interviews and drawings were edited into a film: *'Drawing Back'*.

This research began with the instinct that memories were embedded in place, and with the question of how to recover these memories once places had changed or been demolished. This research shows that counter-cartographic practices can effectively map the lost hospital site, and uncover unrecorded memories. Screening the film in the new hospital shows the contested nature of the space, and the visualisation of memories in the film appears to create effective memorials through adding to the collective memory of the site.

This practice-led research has led me to explore process-based working which I have described as 'arting' as a recognition that it is ongoing, and involves both participants and viewers of the film. It has also highlighted the implicitly performative nature of my artwork, leading me to explore this aspect of my practice further, and to experiment with performance art.

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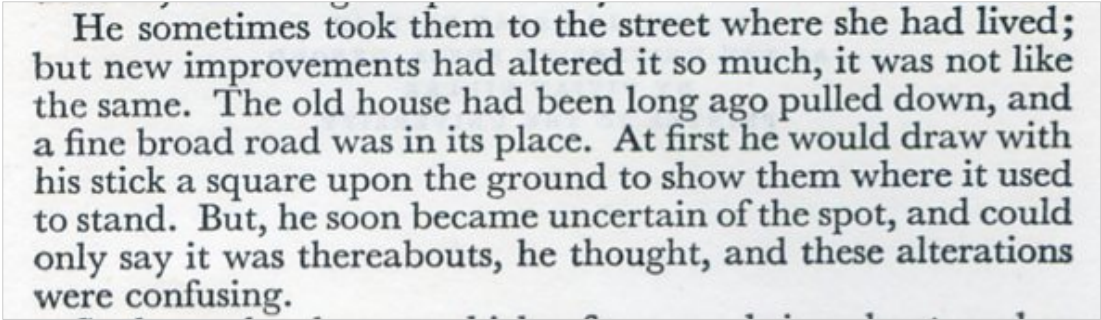
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Introduction



He sometimes took them to the street where she had lived; but new improvements had altered it so much, it was not like the same. The old house had been long ago pulled down, and a fine broad road was in its place. At first he would draw with his stick a square upon the ground to show them where it used to stand. But, he soon became uncertain of the spot, and could only say it was thereabouts, he thought, and these alterations were confusing.

Figure 1. Text from the final chapter of *'The Old Curiosity Shop'* where Kit takes the children to see the house where Little Nell lived.

This research begins with a story. In 1978, the body of Vera Millward, a victim of the Yorkshire Ripper, was found on some wasteland at the site of the Manchester Royal Infirmary (MRI) (BBC, 2008). A few years later, when my partner Bob started working there as a psychiatric nurse, he had the place pointed out to him. Whenever he passed it he couldn't help but think about the incident. During the redevelopment of the hospital, the wasteland was built over and Bob could no longer identify where the place was. One day when we were talking about his early working life, he recalled the story and realised that without the spatial trigger, he had all but forgotten it. Though the memory was not a comfortable one, he found it more uncomfortable to think that he no longer remembered Vera Millward.

As Charles Dickens' character Kit says in *'The Old Curiosity Shop'*, when places change it is difficult to remember what went before (Figure 1). The loss of place leads to the loss of memory and that worries me, and is often a starting point for my artwork. My art practice is concerned with memory in particular places and puts high value on the individual subjective experience which makes us unique, that which Christian Boltanski calls 'small memories' (Semin et al., 1997). I am particularly concerned about the loss from memory of working-class history and experience, ignored by traditional memorialisation that limits itself to remembering the culturally and economically dominant.

In my artwork, I often use existing maps and plans. In the 'Streets Series' artists' books (Figure 12), I traced and layered maps to show spatial and

temporal change. In 'The Lost River' I interrogated historic maps to recreate the route of the culverted River Medlock. 'Manchester Time Piece' was a psychogeographic performance that used architectural plans to turn Manchester into a giant sundial. Indeed maps can be seen as a metaphor for my practice, which connects people and places, records space and place, communicates, has a temporal aspect, documenting the change in places, and operates as a transitional object or process between the loss of the old and the presence of the new. As I will show in this thesis, my practice also mirrors recent developments in cartographic practice, such as the use of mapping to communicate the lived experience of place, and the practice of performative mapping. The themes of place, memory and mapping will all be explored as I seek to understand how mapping can both recover and memorialise memories of place.

This research is of current relevance as there has been a recent surge of interest in the use of maps and mapping in art practice (Harmon and Clemans, 2009; Cosgrove, 2005). This may be a consequence of new technologies creating opportunities to make and manipulate maps, or it may be due to the upheaval of place and identity since the end of the cold war that has led to countries being created and recreated. Memory of place makes territorial borders vulnerable, leading to a sense of uncertainty that is fertile ground for the artist. Place is also contested in the more peaceful surroundings of Western Europe, as the redevelopment of the contemporary city marches on and familiar places disappear to be replaced by the latest 'iconic' building or housing development. What does this mean for our sense of place?

The redevelopment of the MRI site gave me the opportunity to explore how changes in place affect memory and how visual practices can be used to recover memory of place. As I will describe later in this thesis, I find the hospital setting intriguing, having fleetingly experienced the sense of belonging that occurs while being an in-patient or visitor. At the start of this research I was already an artist in residence with Lime, an arts and health organisation based at the Central Manchester Foundation Trust (CMFT) and this gave me access to the hospital and its staff. In this practice-led research, I started with four

research objectives: to use counter cartographic practices (Berwick, 2010) to map the hospital site including sites lost in the redevelopment and identify what unrecorded data could be discovered in the process; to use visual practice to explore the contested relationship between place and space in the development of the hospital site; to create memorials to memories of the site that capture the quality of locus, that is, the slow building up of memory. Finally, I intended to collect and critically assess examples of subversion or reformulation of the planned elements of the site by patients and staff, but this aspect of the research had to be put aside due to limitations of time.

This thesis consists of three chapters. In the first chapter I will examine the site of my research through a consideration of place, memory and mapping. In the second chapter, I will describe the methodology and visual art practice I engaged in while seeking to recover and memorialise lost memory of place. In the third chapter I will reflect on my learning and show how it has affected my practice. There is also a visual submission in the form of a film, and direction will be given in this thesis about when to watch it and how to access it.

In '*The Old Curiosity Shop*' (Figure 1), Kit returns to the place where Little Nell used to live. He tries to bring her memory to life for the children who have never met her, but the obliteration of place makes it hard for him to remember. In this thesis I will show how, inspired by Kit's impulse to draw 'a square upon the ground' I have developed new methods of performative mapping to help people recover memory of changed and lost places.

Chapter 1: Site

Introduction

Hospitals are familiar environments for most of us, and are full of potential drama. For some people, this makes them frightening places, but for me, I feel reassured by the hospital's capacity to face and deal with any dramatic event. I have always found hospitals fascinating. Even when, as a small child, I was in hospital for minor operations, I don't remember feeling any fear or distress. My memory is of wide-eyed curiosity and wonder at the strange activities, routines and practices going on around me.

It is in this spirit of curiosity that I have attempted to understand the site of my research, through the connected themes of place, memory and mapping. In this chapter, I will begin by defining 'place' and then go on to introduce the site of the old Manchester Royal Infirmary (MRI) (Figure 2). The new hospital evokes for me less of a sense of place, and I will explore some of the reasons why this may be. In looking at the relationship between place and memory, I will discuss the work of two artists who change people's perception of place by using narrative to populate place with memory and discuss the differences and similarities between their practice and my own.

Place preserves memory both intentionally through plaques, memorials and place names, and as a natural product of people's use of place, through individual and collective memory, as well as embodied or sense memory. However, contemporary society also inhibits memory and memorials can remove both the responsibility of remembering. I will look at the contribution that New Genre public art and the counter-monument movement and New Genre can make to the creation of effective memorials that do not ignore the experience of ordinary people.



Figure 2. The old Manchester Royal Infirmary. Aerial photograph from 1947. The frontage and porters lodge can be seen on Oxford Road, behind which are the two main corridors (diagonally left to right), with wards running off them. Photo copyright CMFT.

Turning to mapping tradition and challenges to the objectivity of maps, I will consider both cartographic and day-to-day maps, and examine how they come together through performativity. Artists and others use counter cartographic practices to show things not normally found on the map as I do in the 'Street Series' artists' books. Finally I will lay out my intentions to interrogate existing maps and plans but also to capture situated knowledge of the MRI.

Place

Definitions of place

A place is not an art object, crafted into some sort of perfection. It is a palimpsest, forever overlaid and underlaid. It has to be scrubbed away at, to get the sense of it. (Barker, 2012 p12)

It is important to define my understanding of place because, as Tim Cresswell says 'The particular research projects on place that people select are very dependent on what view of place they take at a theoretical level' (Cresswell, 2004 p81). Place is a word in common usage, but geographers find difficulty in defining it (Cresswell, 2004 p1; Staeheli, 2003 p158-9). Cresswell says that the most common definition of place is 'a meaningful location' and Yi Fu Tuan elaborates 'What begins as undifferentiated space becomes place as we get to know it better and endow it with value' (Tuan, 1977 p6). This is the definition I will be working with in this thesis

Lynn Staeheli identifies five conceptualisations of place: physical location, cultural/social location, context, temporal construction, and process (Staeheli, 2003 p159-63). My exploration of place in this research will touch on all of these concepts. The physical site of the Manchester Royal Infirmary (MRI) is at the heart of my research. The experiences and memories of staff are linked to their cultural and social standing: the hospital cleaner's memories of place differ greatly from those of the consultant. The context of the research is more than a physical site. Staeheli argues that while 'places are located in the same webs of power relations as are individuals' (Staeheli, 2003 p161) the characteristics of place are more than the sum of the individuals involved. The temporal construction of place includes the layers of activities and experiences that have happened at the site, as well as the physical changes which will have obliterated many of the sites of memory of my research participants. Finally, place is a process, it is not static, but continually changing or, as Staeheli puts it, 'becoming'. Both Cresswell and Staeheli draw on John Agnew's work on place as process (Cresswell, 2004 p7 quoting Agnew, 1977). Agnew describes three elements of place, locale – which is the setting where social relations take place, location - which is the geographical area in which the setting is found, and sense of place – which describes subjective experience and emotional attachments. Cresswell (2004 p81) says that place is created by the repetition of everyday practices (or performance). Another aspect of the creation of place in a hospital is the impact of life-changing events, and while this research focuses on the experience of staff, for whom such things are routine, they are still likely to be affected by them.

Place and non-place

The site of the old MRI has undergone a major reconstruction, and since 2009, is the home of four hospitals in the Central Manchester Foundation Trust (CMFT): the new MRI, the Manchester Royal Eye Hospital (REH), St Mary's (Women's) Hospital, and the Royal Manchester Children's Hospital (RMCH)¹. The building program involved the demolition of large parts of the old MRI, including the wards, corridors and theatres, the private hospital and the old psychiatric unit. All of this was done while other parts of the hospital were (literally) still operating.

While the old hospital can be regarded as place according to Cresswell's definition, having come into being through long established cultural practices and the repetition of everyday practices, the new hospital seems to fall more into Marc Augé's (1995) concept of non-place, which he describes as a place of transience, such as an airport or hotel. New technologies mean that many procedures that would in the past have required In-patient care can now be done as day cases. Improvements in treatment and pain control mean that people rarely spend long periods in hospital even for major events such as hip replacement or heart surgery. People's experience of hospital is more transient than it was in the past and staff have less time to get to know patients. Augé (1995 p78) says that a non-place is defined by texts 'whose proponents are not individuals but ... institutions'. In the RMCH, for example as a child enters with its parents, they are met by a banner which says 'Are you attending the Out-patient department? Please check in at the Terminals'. There is no longer a receptionist, but rather a touch screen computer (Figure 3)

¹ From the early 20th century, the Oxford Road site was home to three hospitals, the Royal Eye Hospital (REH), the Manchester Royal Infirmary and St Mary's Women's Hospital. The REH moved to the site in 1884, which precipitated the subsequent move of the MRI next door in 1908. St Mary's opened a Gynaecology Hospital next to the MRI in 1910, and in 1935, moved the Obstetrics Hospital to the same site (Valier and Pickstone, 2008). After the redevelopment of the site, The Children's Hospitals at Pendlebury and Booth Hall were closed and the new Manchester Children's Hospital was opened in 2009.



Figure 3. The checking-in terminal in Royal Manchester Children's Hospital. Photo Annie Harrison.

The new hospitals have huge atria that give the same visual impression of brisk efficiency as a corporate headquarters (Figure 4), and the glass walls perhaps hint at the need for the hospital to be transparent in its dealings with the public in a post-Shipman era². The building symbolises a new culture, where the behaviour of the staff is prescribed by their legal and institutional role. The building project was funded through the Public Finance Initiative (PFI) which has also contributed to a changed staff experience, as many non-medical staff at CMFT are no longer employed by the NHS, and don't have the job security and sense of community that an NHS job used to represent (Lumley, 2003).³ In

² Harold Shipman was a Greater Manchester GP who was convicted of killing 15 of his patients, and is suspected to have murdered up to 250 of them. The Shipman Inquiry led to changes in the NHS which increased the monitoring of the work of healthcare professionals (Inquiry, 2007).

³ PFI was set up by the Conservative Government in 1992, and allowed for the capital costs of building or renovating large scale public facilities such as hospitals and schools to be funded by the private sector. The facilities are then leased to the

the old hospital, the canteens were run by NHS catering staff with permanent contracts, and some of the cafés were run by volunteers from the Women's Royal Voluntary Services. Now the restaurants are run by Sodexo, an international company providing quality of life services in 80 countries (Sodexo, 2014), and the cafés are run by Costa. Perhaps this cultural change has also affected the sense of place at the new hospital.



Figure 4. Atrium of Manchester Children's Hospital. Photo Annie Harrison.

Owen Hatherley (2010 pviii) is critical of the 'chillingly blank' design of PFI building projects conceived between 1997-2010 under New Labour. He is also suspicious of the way commercial concerns have been allowed to establish themselves within hospitals, as they have in CMFT (Figure 5).

public sector, and the provision of other services by the private sector, such as maintenance and cleaning, is often part of the contract (Hellowell and Pollock, 2009). Critics have argued that these contracts will leave the healthcare system in financial disarray.

‘But the real design feature is the central atrium at the main Outpatients entrance, where a giant Carillion logo looks over a big branch of Upper Crust, a WHSmith, and a shop which sells a huge range of cuddly toys, amongst other concessions.’(Hatherley, 2010 p ix-x).



Figure 5. WH Smith's shop in Central Manchester Children's Hospital. Photo Annie Harrison.

Michel Foucault (1998) understood that some places have more to them than meets the eye. He described them as heterotopias or places of ‘otherness’. Hospitals could be described as heterotopias, being, as Foucault says, connected to all other parts of society, and yet set apart, places where time functions in a different way, which seem to be as ordered and meticulous as the rest of the world is disordered and messy and which have a ‘system of opening and closing that both isolates them and makes them penetrable’ (Foucault, 1998 p235). I wrote about some of these aspects in my research diary, for example, the different functioning of time:

'I remember visiting X and Y in hospital when Y was a toddler and had just come out of the isolation unit after her transplant. They were back on the ward by then, but they seemed to be living a kind of suspended animation, cut off from events happening in the world outside.' (Research diary 01.03.12)

and the open/closed quality of the hospital:

'When I was about 10, my grandma was very ill and moved from Birmingham, where she had lived her whole life, to live with us in Newcastle. As she deteriorated, she had to be cared for in hospital. My mum visited every day and sometimes I went with her. Though I found it very upsetting, there was a sense of comfort in being in the hospital with her, knowing that the nurses were also concerned and involved, as if we were all sharing the worry. And we were also being looked after. It was a shock after she died, to realise that we were no longer part of that community of care.' (Research diary 01.03.12)

This story shows the symbolic as well as the practical role of the hospital. The practical function could be, for example, that of assisting in the birth of a child, routine or emergency surgery or giving end of life care. The symbolic role is that of transition, from couple to family, from illness to health, from child to orphan, perhaps similar to Donald W. Winnicott's concept of the transitional object that eases the process from one state to another (Winnicott, 1971 p14-15).

Forgotten places

As well as non-places, there are also places that used to exist but have been forgotten. In her article about forgetting and remembering places, Ann Markusen (2004) examines the way that places are forgotten through being deprived of leadership. She says that while capital and professional agents participate in the creation of forgotten places, local residents 'may oppose the process of forgetting and act to preserve and champion their locality'

(Markusen, 2004 p2305). Retired nurses who saw the old REH closed down, and patients and staff from the two childrens' hospitals which were closed when the RMCH opened, championed the old sites, and resisted the process of 'forgetting' these sites, by calling for memorials to the old hospitals to be sited in the new hospital (Figure 6). Elizabeth Kealey-Morris has documented the activities of families who were moved out of 'slum' housing between 1957 and 1975 to make way for the expansion of the MRI and the University of Manchester Medical School, and who continue to meet together and reminisce about their old neighbourhood (Kealy-Morris, 2008).

Memory creates place, but place also preserves memory

The way in which places are used to preserve memory, through memorials, street names, buildings, and museums is discussed by Cresswell (2004), who highlights the contested question of whose memory is preserved in which place. He argues that most of these memory places are dedicated to 'the winners of history'. He describes the uniqueness of the Lower East Side Tenement Museum which memorialises 'people at the bottom of a social hierarchy' (Cresswell, 2004 p87). However, most memory preserved by place is not materially memorialised, but is simply a product of the occupation of place by people:

'...even after people have left a place where they have walked, something of themselves remains there ... footprints are traces of memory' (Ingold and Vergunst, 2008 p7).

People experience tangible memories in particular places. In *'The London Perambulator'*, a film about historian and writer Nick Papadimitriou, Russell Brand describes walking in a place he used to go as a child. He sees a low wall and suddenly has a visceral memory of walking on it, his arm raised in the air as he held his mother's hand, *'It's amazing how your memories come alive when you encounter a place you've not been for a long while ... it's as if ... the memories have been left there, "Oh look, there's that memory", as if it were an object rather than something that has been carried in my mind.'* (J. Rogers, 2009). Space becomes place through the laying down of memory, and

conversely, forgotten memories are recovered through being in particular places.

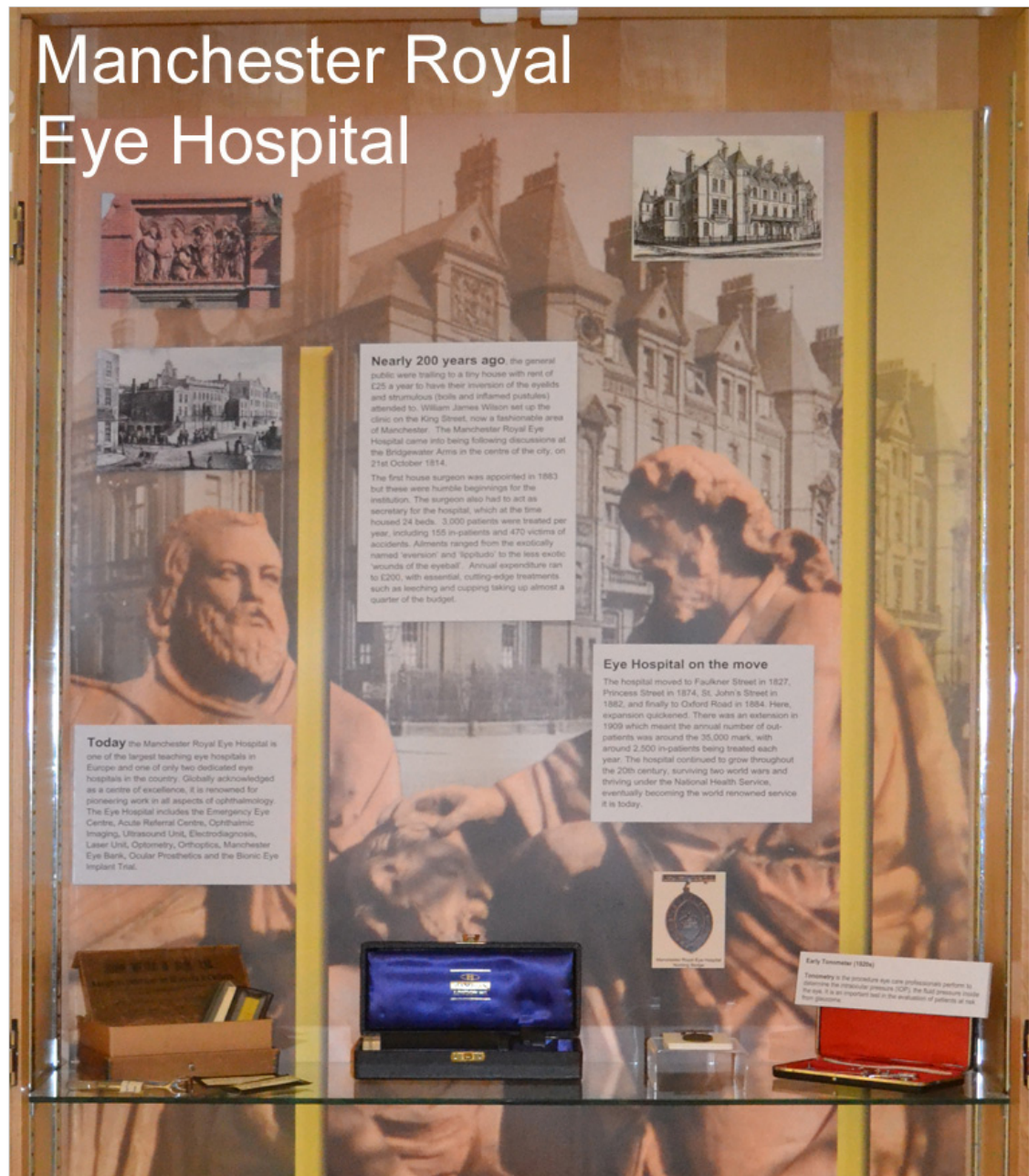


Figure 6. REH display in cabinet in the new REH. Photo Lime.

The audio works of artists Janet Cardiff (Cardiff and Miller, 2012) and Lavinia Greenlaw (Greenlaw, 2011) show how populating place with memory can change people's experience of particular places. 'Alter Bahnhof' (Old Station) is a site specific work made by Cardiff in collaboration with George Bures Miller

that I saw at dOCUMENTA 13. It is an audio-visual walk in which the viewer follows a real/imagined, factual/fictional journey on an iPod, or smartphone (Figure 7). As I followed Cardiff's instructions, I stepped into a completely different experience of the old station in Kassel. The iPod screen showed both ordinary and extraordinary activities, and sometimes I was left unsure of whether I was experiencing something 'real' or invented. At one moment, I looked across the busy ticket hall while on the hand-held screen, a ballerina pirouetted across the same space. At another point, the screen displayed an error message, while the narration continued, leaving me unsure whether the program was working, and if not, to what was I now listening? Cardiff's piece recalls the real transportation of Jews from the station to concentration camps, as well as her own thoughts and feelings about this. She collapses time and references the blurring of reality experienced in a life lived through a screen.



Figure 7. Still from *Alter Bahnhof* video walk, (2012) Cardiff and Miller. From <https://www.youtube.com/watch?v=sOkQE7m31Pw>

Greenlaw's 2011 audio piece 'Audio Obscura' also took place in a station. It was created for the Manchester International Festival, at Manchester Piccadilly. As I wandered around the station, listening to the stories through headphones, I had the feeling that I was listening to the internal monologues of fellow travellers. A world of disparate experiences opened up as I scanned the crowd around me. It was as if, for those moments, I was omniscient, and the burden

of hearing those inner lives, was almost too much. I was aware that the station was teeming with voices, not only the ones I could hear, but all the other ones, the silent ones which would continue after I had taken the headphones off.

There is a human need to locate memories in particular places. Spaces can become contested as different meanings collide. This occurs at both large and small scales, for example in the territorial conflicts in Kosovo, (Till, 2003 p289) or in the UK, the proliferation of unregulated roadside memorials (Potts, 2007). This contesting of space is a characteristic of the urban environment because of the population density. If memory and place are so strongly connected, what happens to memory when place changes? This is an important theme of my research and will be examined at length in other parts of this thesis.

Memory⁴

‘The struggle of people against power is the struggle of memory against forgetting’ (Kundera, 1996 p4)

In order to explore memory of place it is necessary to understand something of the theories of memory, which can be found in many disciplines according to Steven Hoelscher and Derek Alderman (2004 p348). They list the following: ‘anthropology, sociology, cultural studies, literary studies, communication, history and ... geography’ as well as psychology. In considering such a wide field, I have limited my review to a few broad themes. The relationship of memory and place is something that geographers have considered in great detail and has been discussed earlier in this chapter. An individuals’ memory of place, is contingent on broader contexts, including their position in society. Therefore it has been useful to consider concepts of collective memory.

What is memory?

We often imagine individual or autobiographical memory as fixed: an event happens, and the person witnessing it captures it like a film that can be replayed the same each time. This assumes there is a ‘truth’ that can be

⁴ In writing this section, I am indebted to Alison Slater for her overview of memory studies focusing on working-class dress in the North West during the Second World War.

established through recall. However, memory is now understood to be like a collage that is reconstructed every time it is performed, or reconsolidated. Furthermore, when a memory is recalled it becomes unstable for a short period of time, and open to change. Memories are likely to be closer to the original experience if they have had less recall and retelling. (Fernyhough, 2013 p270-1). In this research about the site of the old MRI, I will describe memories that are forgotten until some trigger brings them to mind, as 'recovered memory'. Recovered memory may not have been recounted before and turned into what I describe as 'rehearsed memory', where the reconsolidated memory is overlaid with the memory of the circumstances of the previous telling which changes the memory and its retelling. Trevor Lummis (1998) also recognises this distinction. He defines the first as 'recall', where 'responses to detailed interviewing [prompt] dormant 'memories' that are less likely to be integrated into the individual's present value structure.' and the second as 'memory', by which he means 'polished stories, which ... have been frequently retold or thought about' (Lummis, 1998 p274)

Individual memory itself can be divided into different elements. Maurice Halbwachs distinguishes between historical and autobiographical memory (Coser, 1992 p23-4). Historical memory draws on records such as written accounts and photographs, and individual memory is based on experiences witnessed directly. William Brewer splits autobiographical memory into three parts that can be distinguished by the visual elements involved. Personal memory includes mental images of events that have been witnessed. Generic personal memory involves a general image but without a specific event associated. Autobiographical facts are information known to the individual, but which have no image attached, for example date of birth (Brewer, 1986 p26). I will be attempting to collect the first two types of memory about the hospital. All three fall within declarative or explicit memory, which describes memories that can be consciously recalled (Paller et al., 2009 p185). Declarative memory can include 'spatial layout and location, certain visual objects and people present, information from multiple sensory modalities, emotional colouring, connections to events which came before and to related events that followed,' (Paller et al., 2009p 196-7), and in order for the memory to be stored successfully, these

elements have to be linked together. It may also be possible for these elements to trigger recall, as I will discuss later in this chapter. Another type of individual memory is known as procedural or habitual memory consisting of routine movements and gestures that are unconscious (Till, 2006 p333). This may be relevant when talking to staff about their working lives, much of which involved the repetition of routine activities.

Scholars have also considered the way that memory is constructed socially. Halbwach was the first to describe this in the mid-20th Century, terming it collective memory. He says that each group within society has its own collective memory, which is influenced by many factors. As Lewis Coser says in his introduction to Halbwachs' influential book 'On Collective Memory' 'While the collective memory endures and draws strength from its base in a coherent body of people, it is individuals as group members who remember.' (Coser, 1992 p22). Collective memory could therefore be said to be the sum of records, documents and experiences that an individual has witnessed, their conscious recollections about the past, and also the imprint of activities on the body. In order for these elements to become collective memory, they need to be shared within a group.

The difficulty of memory in modern society

Developing or building on the collective memory of the old MRI may be a way to memorialise 'small memories' of the hospital. But Pierre Nora identifies a problem with this. He argues that the age of collective memory has passed, as the institutions which used to 'transmit values from generation to generation - churches, schools, families, governments ...', no longer function in the way they did in the past (Nora, 1996 p2). Nora says that in the vacuum left by this loss, are 'lieux de mémoire', sites that retain a sense of continuity with the past, including, monuments, museums, a national song or holiday, where memory is performed. The institution of the hospital certainly does not function as it did before the contracting out of certain roles and changes to the management and funding structures, but perhaps there is still enough continuity for collective memory of the old MRI to survive.

Paul Connerton (2009) has written about the difficulty of preserving collective memory in modern society, but is also concerned about threats to individual memory. He says that the speed, mobility and scale of modern life, our disconnection with labour and the separation of work and social life from the local area, have all impaired our ability to remember. Connerton argues that traditional memory techniques, which involve placing memories within familiar locations, show that memory relies on place and the human scale, which could be another reason why the new hospitals seem to be more space than place.

He distinguishes between memorial and locus, memorial being a material structure which tries to guard against forgetting but in the process, 'discard(s) the obligation to remember' (Connerton, 2009 p29). A locus, on the other hand, is a place where memory has built up slowly like sedimentary rock. He argues that the decreasing life expectancy of our surroundings threatens the development of loci, which impacts on individual and social memory (Connerton, 2009 p31). Charles Fernyhough describes how place can trigger memory.

'Psychologists have argued that this is because the cues that are around at the moment of encoding (the laying down of the memory trace) are stored along with that remembered material. Consequently, the reappearance of those cues can make the memory bloom into consciousness again.'(Fernyhough, 2013 p106)

This suggests that the loss of place can threaten both individual and collective memory. However, as already discussed, recent research utilising mapping practices in the area around the Central Manchester hospitals, suggests that despite the destruction of homes and landmarks, locus can remain strong (Kealy-Morris, 2008). My research with people who used to work in the hospital will investigate the best way to recover memories, and to memorialise places that have changed.

Authenticity and memory

Before moving on to consider memorialisation, I need to acknowledge the importance in my art practice of what I describe as ‘authenticity’. I acknowledge that the term itself is problematic, and I do not mean to imply that I consider my artwork more ‘truthful’ than that of other artists’. What I mean by ‘authenticity’ is that I limit my creative input to finding ways to present source material in a manner that captures the aspects that interest me, in a way that communicates my personal response to the material or subject, rather than using my imagination to add to the material. This may of course involve selecting certain aspects to emphasise a particular perspective. I do not claim it is more ‘true’ to the original material than would be the imaginative input of a knowledgeable historian who fills in a missing detail.

In contrast, artists Greenlaw and Cardiff, whose work is described earlier in this chapter, do not feel the need to ‘stick to the facts’ and they use their imagination to create part factual/part fictional pieces. Greenlaw created her characters and their stories for Audio Obscura. Cardiff often uses fictional stories, such the spy thriller in her audio piece ‘*The Missing Voice (Case Study B)*’ (D. Pinder, 2001). I however, feel compelled to use only material which I have sourced and to try and preserve it as I have found it, whether it is ‘truthful’ or not. But in common with Greenlaw and Cardiff, I am trying to change people’s experience of place, in my case, recovering, communicating and memorialising lost memories.

Memory and memorials

James Young (2009) believes that it is possible to create memorials that do not, as Connerton suggests (2009 p29), accelerate the tendency to forget, and cites the counter-monument movement which sustains memory through an acknowledgement of human temporality. Artist Horst Hoheisel has been instrumental in questioning how to create German memorials to the victims of the Holocaust. Some of his proposals have been built, such as the Aschrott Fountain in Kassel⁵, which memorialises an absence with an absence (Figure

⁵ The original Aschrott Fountain was built with donations from Kassel’s Jewish community and was destroyed by the Nazis. Hoheisel created a negative image of the original fountain which disappears below ground with the water flowing into it.

8). Other proposals, such as blowing up Brandenburg gate, ('How better to remember a destroyed people than by a destroyed monument?' (Young, 2009)) have not yet been taken up. Young suggests that Hoheisel's memorials are effective because only 'an unfinished memorial process can guarantee the life of memory' (Young, 2009) and his work forces the viewer to look within themselves. What then is the best way to create a memorial to the old MRI?

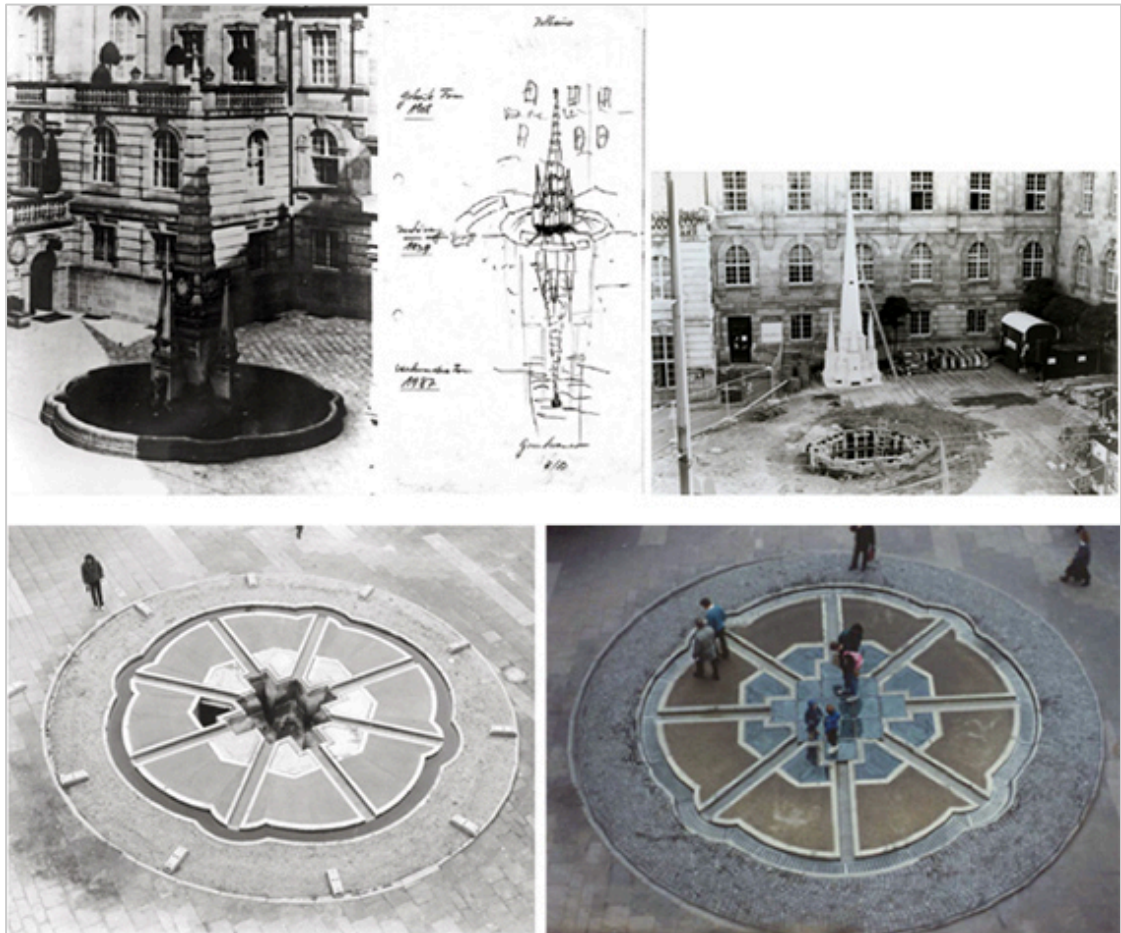


Figure 8. Images of the Aschrott Fountain, Kassel by Horst Hoheisel. From http://www.knitz.net/index.php?option=com_content&task=view&id=30&Itemid=143

Austin Williams (2004 p18) is scathing of attempts to memorialise place through urban public art. He says that such projects attempt to create an 'urban feel-good factor' rather than affect genuine improvement in the physical environment. He also argues that in order to foster communality, uncontroversial memories are selected which reduce the inhabitants to passive observers (Williams, 2004 p19).

However, not all urban public art projects fit this criticism. For example, in the Peeps Project in Ancoats, an inner city district of Manchester, artist Dan Dubowitz has placed a series of hidden peepholes that memorialise the area's industrial history in a way which leaves space for the viewer to create their own meaning

The Peeps are to be stumbled across. They may not all be found, and there is no single explanation as to what they are, or what they are about. (Civic Works Ltd, 2010).

Suzanne Lacy's focus on creating art through working with communities that have few opportunities for their voices to be heard, is of relevance when considering memorialising the memories of ordinary people. Lacy defines a new form of public art, termed New Genre public art, which describes collaboration between artists and local communities, and aims to effect change (Lacy, 1995 p20-1). The outcomes of these relational projects are sometimes material, but in many cases, experiential or ephemeral, such as a performance or a new relationship.

Christian Boltanski is also interested in memorialising unheard stories. He makes work about 'small memories' (Semin et al., 1997) by which he means the disregarded and unrecorded things that make each person unique. Even Boltanski's monumental works draw the viewer's attention to the individual. For the installation 'Personnes' (2010), he created a mountain of old clothes, surrounded by a vast grid of more old clothes, with a sound track of hundreds of human heartbeats. One is aware that each garment, each whistling, crackling pulse is a record of a single life. Boltanski's work reflects on his own experience as the child of a Jewish father forced into hiding in Paris during the Second World War and seems to speak of both the preciousness and the precariousness of the individual. Guardian journalist Adrian Searle (2010) says in a review of this piece, 'He deals in traces rather than ghosts'. But I experience his work as ghostly in Avery F. Gordon's sense of the word, in which she suggests that ghosts are an indication of the presence of 'abusive systems

of power' and produce a feeling that something needs to be done (Gordon, 2011).

Embodied memory and sense memory

In exploring how to help people recover lost memories of the MRI, it may be helpful to consider the way people physically inhabit place. Embodied memory, that is memory which has a bodily or non-linguistic element, might offer non-verbal ways to access memories. I have already mentioned habitual or procedural memory which refers to the way that behaviours such as walking are stored in the body (Till, 2006 p336). Movement therapists also work with concepts of embodied memory, understanding memory to not only be information stored in the brain, but 'the totality of the embodied subject's dispositions, which allow the person to react to present situations and requirements on the basis of past experience.' (Koch et al., 2012 p2) They argue that since knowledge is encoded in a 'sensorimotor format' (Koch et al., 2012 p2), recall involves the same process. This theory is used with people who have experienced traumas such as physical and sexual abuse, but also in movement and dance disciplines.

The idea of memory being accessed through the body seems farfetched, but I have experienced a physical memory being recalled through a tactile trigger.

I was alone on an isolated road in the Australian desert when I crashed the car and afterwards, although I had not lost consciousness, I could not describe exactly what had happened. I had no clear memory of the crash, it was too fast and confusing. All I could tell the police was that the car had skidded and I had ended up upside down in a ditch. But some months later, while having massage to deal with a nagging injury from the accident, I suddenly recalled the whole experience from within my body, the fear of loss of control as the car zig-zagged over the surface of the dirt road, seeing a tree rush towards me, and the car spinning round and hitting it, the car rolling over and my body suspended upside down, held in place by the seatbelt, then the sudden unexpected fall as I undid the seatbelt and hit the roof below me, and then crawling

through a broken side window to escape and the sense of urgency in case the car caught fire. The experience was as if the memory had been stored in my body, and once my body remembered, and the experience was back in my conscious mind, I could describe it verbally. (Research diary December 2013)

If sensorimotor memories are 'stored' in the body, what sort of methodologies could be developed to unlock these kinds of memories? Is it possible to use gesture to recall forgotten memories, or a walk along a familiar route even if the place was no longer there, or would it require a combination of other senses to be engaged, such as sight or smell?

The theory of sense-memory comes from drama training, originating in Konstantin Stanislavsky's (1986) work on affective memory, which used the recall of past feelings to assist in the performance of emotion. Sense-memory uses the recall of senses rather than feelings, in the belief that actors can then access feelings through their subconscious, rather than addressing the feelings directly. Karen Till (2006 p377) refers to the work of Jill Bennett, who 'argues that sense memory results from the ways our bodies experience feelings in the present by responding to visual images that trigger non-verbal-linguistic recall'. If the actual place is no longer there, could other visual images such as photographs be used to help people access feelings that could recover memories of place? Photographs from my childhood often lead to the resurfacing of feelings from the time, but I am not sure whether photographs can generate forgotten memories beyond those illustrated. Are there other visual approaches that would encourage lost memories to resurface? Could maps be a way to tap into memory of lost places?

Mapping

'We all travel with many maps, neatly folded and tucked away in the glove compartment of memory – some communal and universal, like our autonomic familiarity with seasonal constellations and the shape of continents, and some as particular as the local roads we have each traipsed.' (Hall, 2004 p15)

Map making is an activity with a cartographic tradition and a day-to-day use. The history of cartography has been a striving for greater accuracy, making use of the newest technology and knowledge. Day-to-day mapping consists of narratives that tell the story of places already seen and visited, by the original teller if not the current one.

Cartographic maps and map tradition

For much of the Western European history of map making, the challenge for cartographers was to produce maps that were accurate, and could be used both for navigation, and for the control and administration of land and resources. Techniques and conventions were developed to create universality in mapping, such that maps produced in one part of the world could be understood in another. Martin Dodge, Rob Kitchin, and Chris Perkins describe this as a 'quest for producing truth documents' (Dodge et al., 2009 p4-5). This resulted in dominant Western European mapping culture from the early Enlightenment onwards imposing its ideas of what should be recorded, onto the rest of the world (Edney, 2009 p41-43). Australian aboriginal mapping, for example, included the journey narrative and was enacted in story, song and dance (Perkins, 2009 p128), none of which is to be found in the Western mapping tradition. According to Michel de Certeau, medieval European maps also tended towards the narrative, but these were replaced 'during the early history of modernity by spatial representations of the earth's surface' (de Certeau, 1984 p120-21) with stories reduced to embellishments or place names. Margaret Pearce says this has led to western cartographic maps being characterised by supposed objectivity, because they do not acknowledge their own interests (Pearce, 2008 p18). Denis Wood agrees that because the author is hidden, the viewer forgets that s/he exists. The danger of maps, he says, is that both those with and those without power treat them as independent documents (Wood, 1992 p70).



Figure 9. Map of new CMFT hospitals. Photo Annie Harrison.

Maps as socially constructed documents

In the 1990s, Brian Harley began to challenge ways of thinking about mapping. He believed that maps had a message and, applying Foucault's ideas about power to the process of mapping, argued that maps were not neutral documents, but socially constructed. (Dodge et al., 2009 p9) Denis Wood (1992), in a similar vein, revealed their origin as a tool to control and assert ownership, by connecting us 'to other aspects of a vast system similarly brought forward from the past and embodied, not in maps, but in codes, laws, ledgers, contracts, treaties, indices, covenants, deals, agreements, in pledges, in promises, in words given and oaths taken.' (Wood, 1992 p9-10). The maps of the new hospital site that I found in the CMFT archive were maps for building contracts and surveys, for solicitors and planners. They did not describe the past or present lived experience of the hospital itself, of either staff or patient. Indeed, when comparing the map produced to orientate patients and staff, (Figure 9) with the original map of the site (Figure 10) it is clear that the site has

expanded since 1908, but there is nothing in the map that describes the impact this has had on people or place.

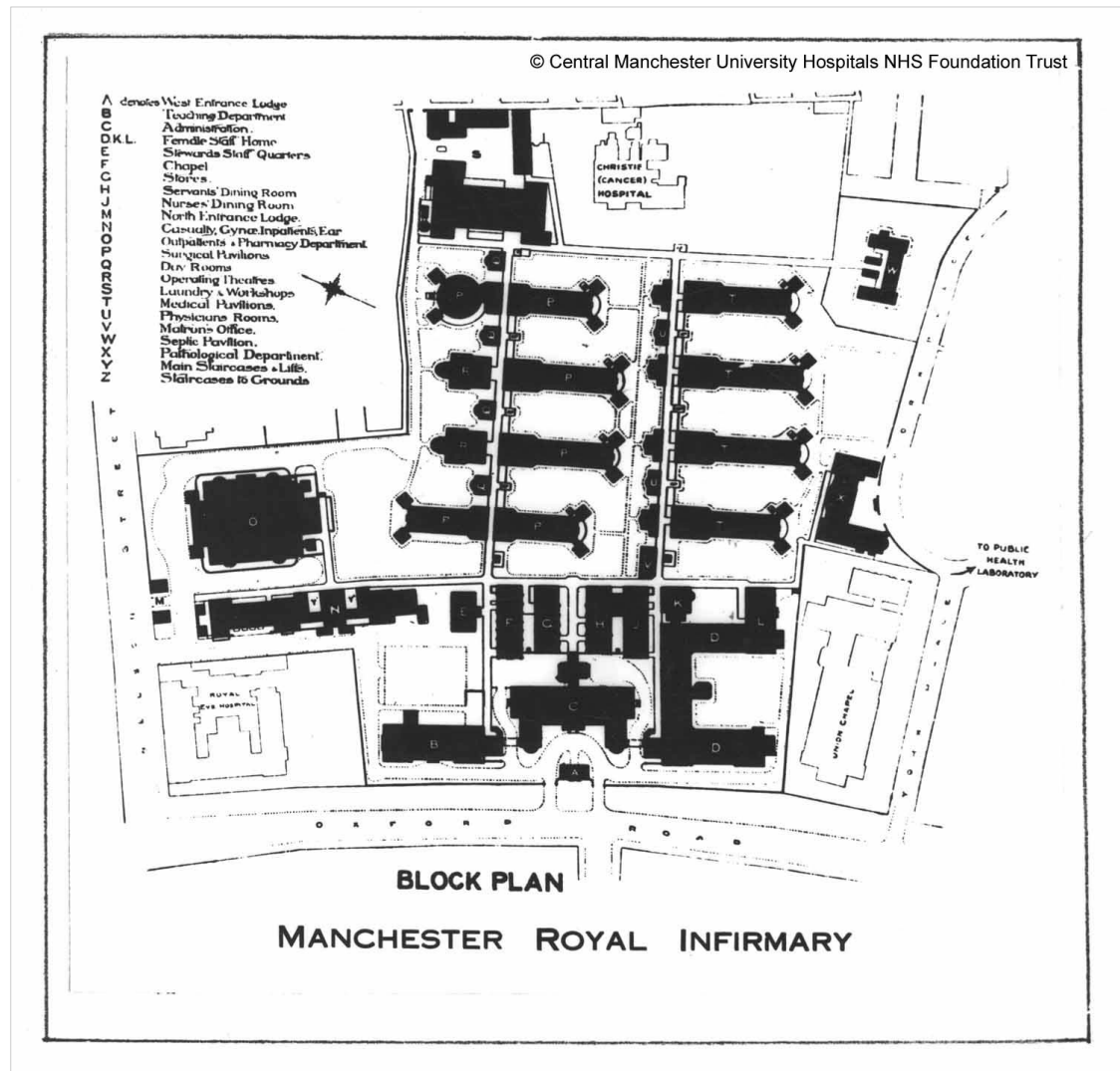


Figure 10. Plan of original 1908 MRI buildings. Photo copyright CMFT.

The democratisation of mapping

Maps are increasingly being created by artists, activists and community groups. Community groups often use existing templates, for example the Parish Map Project which began in 1985 and may now number in excess of 2000 maps (Perkins, 2007 p129-30). Perkins points out the complex motivations behind such projects, with different aims, goals and methods employed, but concludes that mapping is often regarded as a process that requires some expertise. There is no limit to the number of maps that can be created of a single place. As Bertin says, quoted by Wood, 'maps are "not 'drawn' once and for all," but

are “constructed and reconstructed until [they] reveal all the relationships constituted by the interplay of the data.” (Wood, 1992 p185). Wood points out that the selection of parameters in the construction of maps makes a difference to the information that is communicated, and gives an example of 7367 maps which met the constraints of a process of developing a decentralisation plan for schools in Detroit (Wood, 1992 p186-7). I concluded therefore, that the hospital could be mapped in many ways depending on the interests of the mapmaker.

Activists engage in a critique of the limited presentation of selected data which can be found in conventional maps and, (using what Carly Berwick (2010) calls counter cartography) have created maps to capture and present different sorts of information which is not usually found on a map. The map ‘Chetla Lock Gate, Marginal Land Settlement in Calcutta (now Kolkata)’ looks like a normal cartographic map, showing numbered houses grouped together alongside a road and factory and next to a canal and railway line. However, it takes on a different meaning when one discovers it shows an unauthorised settlement that is not included on city or commercial plans. The map was created by the organisation Unnayan, who used conventional mapping processes to create maps as an instrument to support their main work, which was to improve the conditions of the people living in these squatter communities. Only later did they recognise the potential for the maps themselves to be a tool for empowerment, making invisible communities visible by literally putting them on the map (Sen, 2008).

Christian Nold is interested in the complex relationship between people and the environment and has developed participatory methods to map local areas. For the Stockport Emotion Map (Figure 11), he interviewed 200 people about their feelings about their town, asking them to make sketches in response to questions about the area. He then asked them to walk around the area while wearing a monitor which recorded their emotional arousal. He combined this material into a map that revealed information about the way the town was experienced by its inhabitants, including their feelings about the past, the current spatial environment, and their sense of belonging (Nold, 2007).

Participatory mapping methods at the hospital site could be used to capture such subjective information.

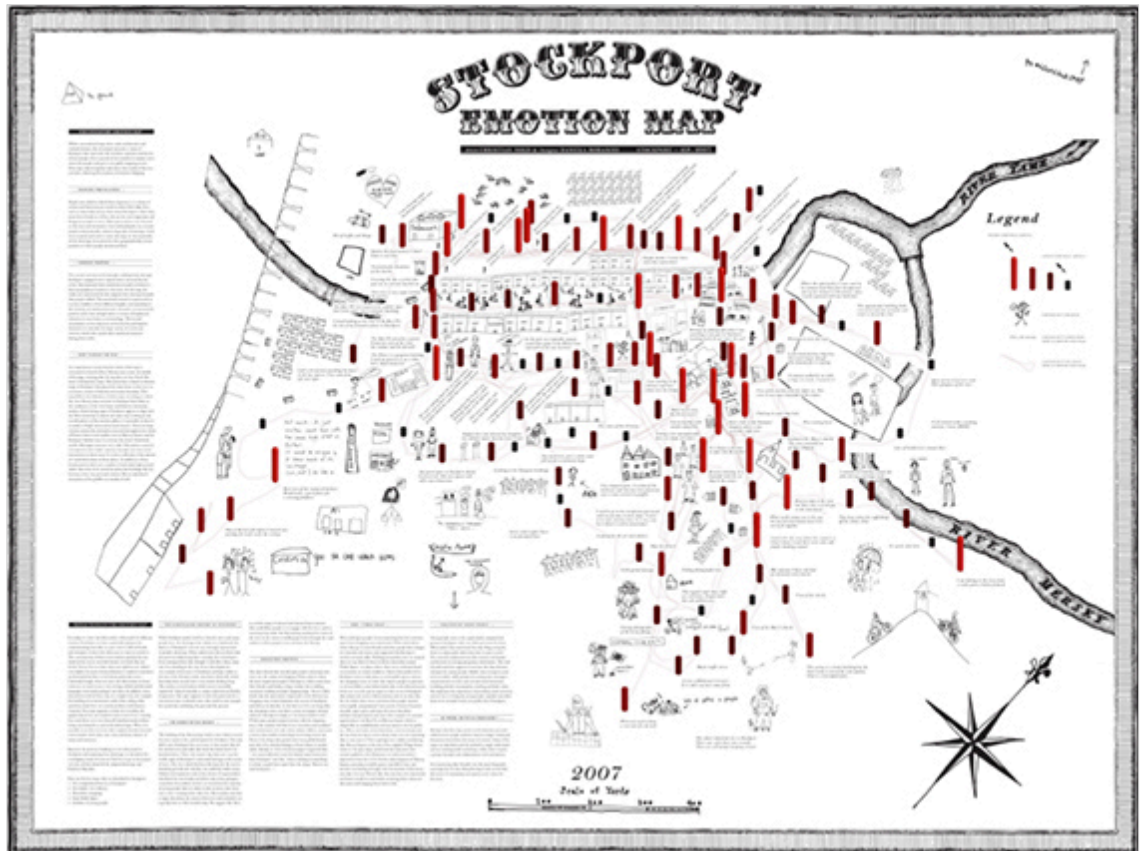


Figure 11. Christian Nold's Stockport Emotion Map. From <http://stockport.emotionmap.net/medium.jpg>

There is a long history of artists using maps in their work to communicate specific ideas about the world, such as the Dutch artists of the 17th Century who included maps on the walls of the private interiors they were painting to describe the unfolding world beyond the domestic environment (Alpers, 1989 p122). The artist Alighiero Boetti also made work in participation with others, in his case, with skilled Afghan craftspeople with whom he had a decades-long relationship, creating embroidered tapestry maps of the world. They are a visual representation of the territorial change brought about by political upheaval, which became more personal to all involved when war in Afghanistan led to the makers fleeing to Pakistan (Searle, 2012). Boetti's relationship with the craftspeople became increasingly collaborative, as they began to choose the colours and use the maps to make statements about their situation by

including messages in the map borders, often about their situation as refugees in exile (Documenta(13), 2012 p194-5; Searle, 2012).

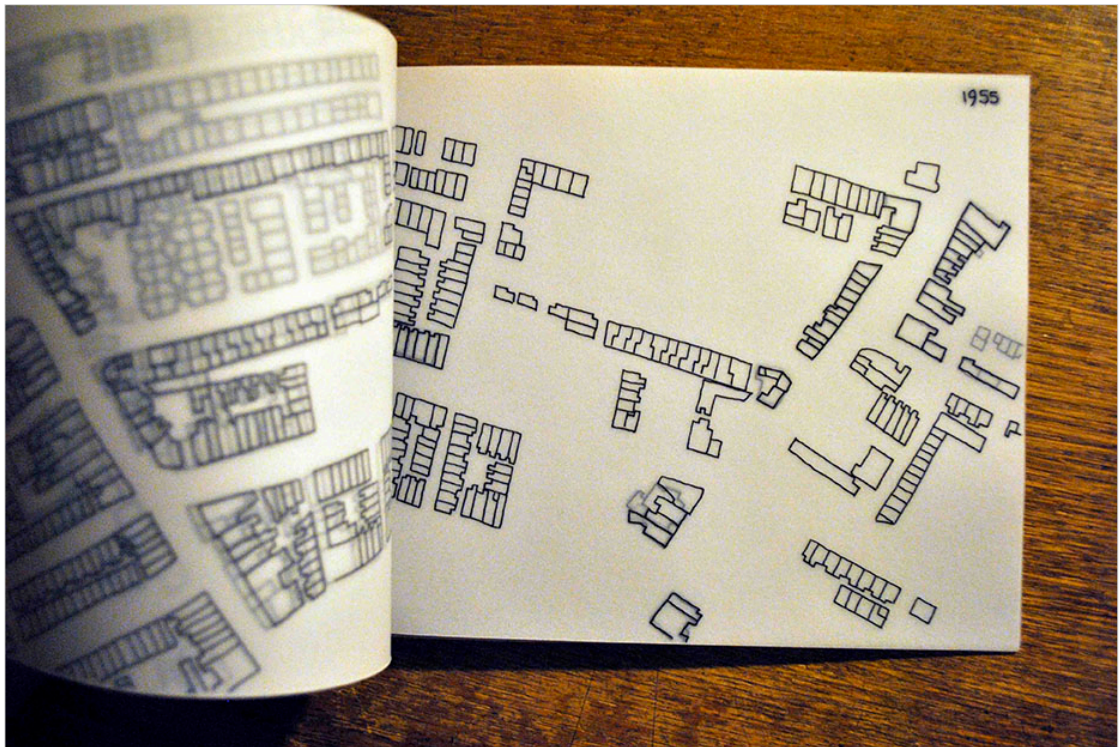


Figure 12. Cow Lane, Salford. Artists' book by Annie Harrison. Photo Annie Harrison.

In my art practice I have used existing maps to communicate things that are not directly acknowledged on a cartographic map but which can be uncovered by using them. For example, in my artist's books, 'The Streets Series' I overlaid historic maps on transparent paper, to show the changes in the environment. In 'Cow Lane, Salford' (Figure 12) the first map from 1794, shows a semi-rural environment that, as the pages turn, is quickly engulfed with tiny houses in closed courtyards or back-to-back terraces. Through the industrialisation of the 19th century, people lived in these crowded conditions, until in the mid twentieth century, the factories closed and the terraces disappeared leaving the area, by 2005, entirely uninhabited. Historic maps of the hospital reveal the changes that have happened, not only to the hospital site, but also in surrounding areas, as the growth in the hospital was accommodated by the demolition of surrounding streets.

Technological developments such as GPS has played a role in the move towards the democratization of mapping, opening it up to map-makers of all disciplines and none (Del Casino and Hanna, 2006 p40). Perkins and Wood both see mapping as an empowering process for individuals and communities (Perkins, 2009; Wood, 1992), who, armed with a conscious or unconscious awareness of the power of maps, create their own maps, sometimes as an expression of identity and sometimes as a radical challenge to a dominant power. Perkins identifies embodied and performative mapping as an arena where the academic, artist and the activist can come together (Perkins, 2009). David Pinder says that the 'power and politics of maps' can be uncovered by treating them as texts and deconstructing them to analyse their discourse (David Pinder, 2003 p175) but Perkins suggests that there has been a move away from looking at the map as text, and describes a 'turn towards practice' which is happening in mapping as in many other disciplines (Perkins, 2009 p126). Before I consider the turn towards mapping, I will look at the 'day-to-day' practice of mapping

Day-to-day maps

People have always made maps for each other without any specialist cartographic knowledge or template. Tim Ingold says that most maps did not survive, because they were made in the context of telling the story of a journey that had actually been made either by the person drawing, or based on collective memory (Ingold, 2002-5 p6). These maps are materially different from cartographic maps. They rarely have borders, they don't describe territories or boundaries, and nor do they fill in the space around the route. They are usually for an individual purpose, spatially and temporarily specific. They are rarely preserved or recorded, being scribbled on the backs of envelopes, or scratched in the dirt. In fact, most often, they are not even inscribed, but created through gesture alone (Ingold, 2002-5 p6). On the other hand, cartographic maps always have borders, and the lines representing road and boundaries 'signify occupation, not habitation.' (Ingold, 2002-5 p6). But in common with cartographic maps they have the capacity to become the space they represent. They are more than a representation of a landscape. They draw the viewer into the landscape enabling him/her to place themselves in the

space. The creation of the day-to-day map is what Perkins describes as an enacted performance, relating 'as much to the context of telling, as to any existence of a fixed mental image of the place' (Perkins and Dodge, (forthcoming))

Performative mapping

In contrast to Harley and Wood, Vincent Del Casino and Stephen Hanna argue that maps have no inherent meaning, and they are only called into being through performance. They see no distinction between the cartographic map, the noun, the unchanging object, and mapping, the verb, the process of creating since cartographic maps are practised. They draw on Butler's performance theory and coin a new term 'map space' to 'denote the theoretical impossibility of disentangling representations from performances.' (Del Casino and Hanna, 2006 p44). They describe the downloadable 'Tourism Map of Historic Fredericksburg' which despite offering no opportunity for interaction, is both consumed and produced by the tourist user who discusses it, follows it in an idiosyncratic way, engaging with tour guides, tourist sites and the map itself through making notes, redrawing the route etc. Del Casino and Hanna describe this as the 'myriad interconnections that make the production and consumption of map spaces a process of both authoring and reading simultaneously.' (Del Casino and Hanna, 2006 p51). It is through these interconnections that the map is performed by cartographers and non-cartographers alike.

According to Alison Blunt et al, performativity is an attempt to understand the bodily actions that make up identity and social interactions (Blunt et al., 2003). Therefore performative mapping describes the social tradition of mapping, by which identity and place are created through cultural practice, as well as the production of material and immaterial images. Artists have often used maps as well as performative mapping in their work and Perkins points out that artistic encounters with the map result in a vast array of outcomes, including the ephemeral performance, with or without an audience (Perkins, 2007).

Conclusion

In this chapter, I set out to gain an understanding of the site of the old MRI and its redevelopment by exploring three areas, place, memory and mapping. The old hospital became place through the slow building up of memory including individual, collective, embodied, and sense memory, and remains place despite its destruction because it still exists in the memories of those who worked there. The new hospital has perhaps not had time to truly become place, but the scale of the construction, the transient experience of patients, and the changes in non-medical staffing may also contribute to it being non-place.

Developments in cartography, including the democratisation of mapping and a recognition of the performative nature of mapping, as well as artists' use of counter cartographic practice, open up many possibilities for the collecting of unrecorded information about the site of the old MRI. This could include working with existing maps, creating maps which communicate people's experience of place and working with participants.

The question of how to create memorials that capture the quality of locus without becoming a block to remembering will be discussed in the following chapter where I will describe how these ideas were integrated into my practice. Consideration will be paid to Young's proposition that in order to be effective the memorialisation process should remain unfinished and allow the viewer to create their own meaning, and also to the use of relational methods.

It is possible to use visual methods to interrogate existing maps and plans in order to reveal human experience but in this research, following the examples of artists and activists who have worked with participants, I will also be tapping into the personal mapping that preserves places in people's memories, and creating new maps which capture situated knowledge of place.

Chapter 2: Practice

Introduction

At the heart of my research is the question: is it possible to recover lost memories of place by which I mean, memory that has been forgotten? This chapter recounts the practice I engaged in, and the methods that I used while trying to answer this question. In my art practice I have often tried to animate the past and interrogate place through the use of existing maps (Figure 12). In this research, my artist's residency with Lime and the support of my supervisors gave me the confidence for the first time in my art practice to work directly with participants to make new kinds of maps. In doing this, I used transferable skills from my previous careers in counselling and qualitative research.

For many creative practitioners, fitting what is usually an unconscious and instinctive process into a methodological framework is challenging. Mika Hannula et al (2005) state that the methodology should suit the task and Carol Bailey (1996) says of field research, '...what we learn ... is in part a function of who we are.' (Bailey, 1996 p xiv). Therefore the methodology should also suit the researcher. My focus in this research has been the small memories of ordinary people, and I have used a methodology that recognises the importance of the individual's subjective reality (Mearns and Thorne, 1999), reached through a combination of three existing methodological approaches which will be described later. In developing my methodology I found Jenny Hughes' conceptual framework for Research as Practise useful, and drew on it in the design of my methodology (Sjoberg and Hughes, undated).

During this research, I received two commissions to make films about people's memories of place. This gave me not only the opportunity to try out the new method I developed for collecting memories of place, but also to show the films to an audience and get feedback from them.

Developing my methodology

Much of my art practice has been characterised by affect, and this research has involved the participation of other people. This combination led to a

consideration of the person-centred approach, which offers a way of safely accommodating and embracing emotions and underpins the relationship between me as researcher and the participants. My interest in memory and affect meant that the hospital was a particularly suitable site to choose, and person-centred methodology has helped to make sense of and contextualise the affective aspect of place. My research is practice-led. Some of the methods I have used come from the social sciences, but I have not used social science methodology; rather I will show how practice is at the heart of this research. Finally, I have used an experiential approach; my artwork grows out of direct experience - my experience of the place that is at the heart of the research, and my relationship with the people who have shared their experience. Experience and theory grow together in an iterative process. The common thread running through these three methodologies is the subjective presence of the researcher and the importance of reflecting on experience. The choice and execution of the methods employed have been influenced by these methodologies (Figure 13).

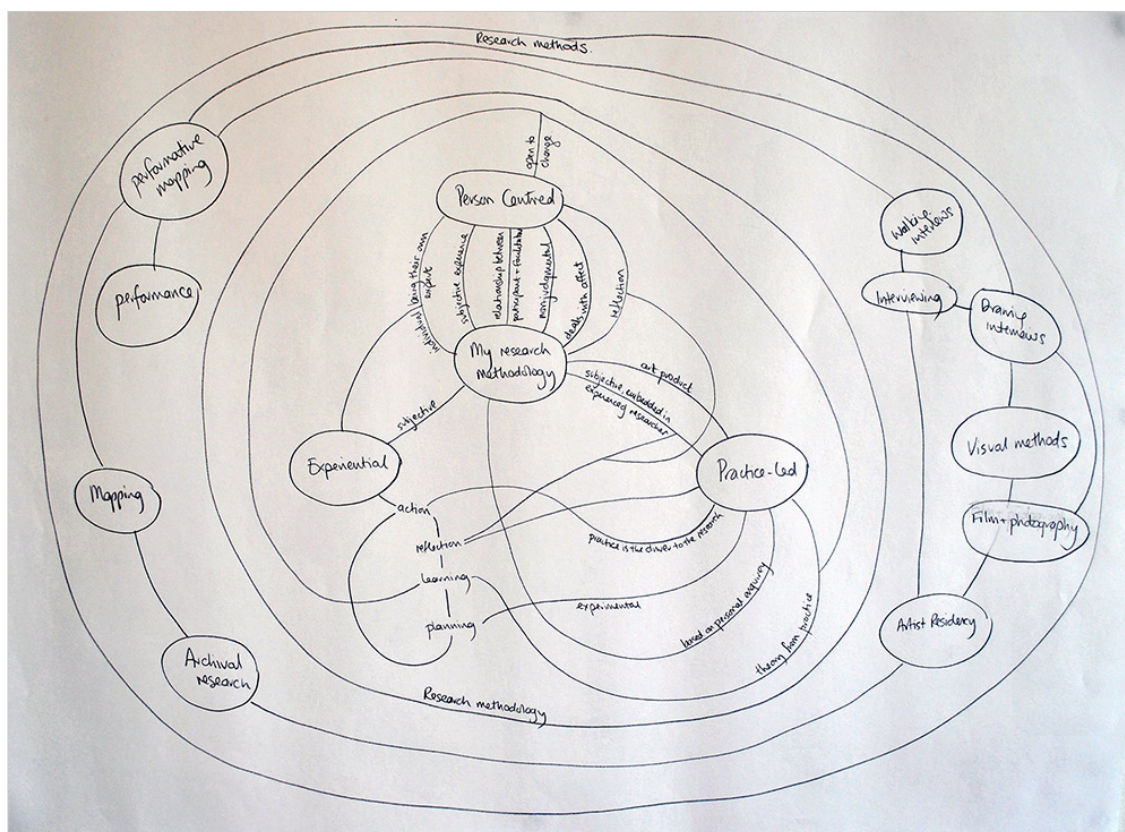


Figure 13. Methodology diagram.

Person-Centred methodology

My methodological approach is rooted in the work of Carl Rogers and Client-Centred therapy (C. R. Rogers, 1967). The Person-Centred Approach (PCA) developed out of Client-Centred therapy, as its values, attitudes and behaviours were employed in other contexts such as education, management and international relations (Mearns and Thorne, 1999). At the heart of PCA counselling is the relationship between the client and the counsellor, and the high value placed 'on the experience of the individual human being and on the importance of his or her subjective reality' (Mearns and Thorne, 1999 p6). It involves a deep trust in other people and at its centre is the concept of the 'actualising tendency' in all organisms (C. R. Rogers, 1967 p350-1; Mearns and Thorne, 1999 p10). To describe this tendency, Rogers uses the metaphor of the potato shoot in a dark cellar growing towards the light. Even though the potato has little chance of growing successfully in such adverse conditions, it nevertheless, tries to do so (C. R. Rogers, 1980 p118).

In PCA, there is a focus on active listening, Rogers describes it as 'listening with understanding' (C. R. Rogers, 1967 p334), that is, coming to an accurate understanding the other person's point of view without judgement. This is challenging, but the attempt to actively listen to participants and to risk my own views being changed in the process has characterised this research. PCA can also offer a useful framework for dealing with ethical considerations⁶. While the issue of confidentiality, which is central in PCA, was not relevant in this

⁶ The requirements for ethical approval for this project were met through the support and supervision of Lime who have worked in the hospital setting since 1973 and undertaken a variety of participatory projects with patients, including children and staff. In e-mail correspondence between Brian Chapman and Susan Allison, Senior Manager and Director of Corporate Services at CMFT, Allison confirmed that a project including interviews with staff would not need to go through the NHS ethics process. Brian Chapman, Director of Lime, concurred with this, stating that because artists and students are working for the NHS through Lime, and are not dealing with clinical data, they do not require NHS ethics approval. Previous artists and students on placement who have worked with patients have done so under Lime supervision, and this was made available to me. Though no-one from Lime was involved in my academic supervision, I have had regular meetings with Lime director, Brian Chapman to discuss the progress of the research and my work with participants.

research where participants knew that their stories would be shared and in the second interviews, agreed for their names to be used, congruence, or openness (Mearns and Thorne, 1999 p96-7), was an important feature and goes some way to addressing the issue of the researcher having power over the participants, offering the possibility of genuine collaboration.

Practice led methodology

In this thesis, I will use the broad definition of practice-led research offered by Hazel Smith and Roger Dean, - that the creative process itself, as well as the reflection on, and documentation of, the creative process, leads to insights which can take the form of theory, innovative practice or new ideas (Smith and Dean, 2009 p6-7). According to Hannula et al, as recently as 2005, artistic research, within which they include practice-led research, has not been very well understood or articulated, and requires space to develop (Hannula et al., 2005 p11-7). Practice-led research, or practice as research is perhaps the most problematic of the artistic research methods. Qualitative research is sometimes viewed as less robust than quantitative research (Haseman, 2006), because it is not repeatable, and does not attempt to be objective. Practice-led research, embedded in the experience and reflection of the researcher, could be regarded as even less authoritative. However both Hannula et al and Smith and Dean suggest that far from being an inferior research method, the learning from practice-led research offers new ways of thinking about research, and new methodologies for all disciplines. (Hannula et al., 2005 p12-13; Smith and Dean, 2009 p9-10).

Brad Haseman argues that practice-led research is part of an entirely new branch of research carried out by 'performative researchers' (Haseman, 2006 p3). He says that rather than starting the research process with an identified problem and a series of aims and objectives, the practice-led researcher often begins with 'an enthusiasm of practice' (Haseman, 2006 p3), simply starting to work and seeing what happens. He says that the output of practice-led researchers, is less likely to be translated into figures or words, but may be a piece of art, dance or music. He concludes that practice-led research has a distinct approach to designing, conducting and reporting research.

How then is practice-led research different from art practice? Nina Malterud argues that all art practice requires 'investigation and experiments – research' (Malterud, 2009 p25) and distinguishes between “research” and “Research” which she says is conducted within a programme, institution or funding organisation. She suggests that “Research” requires an articulation of the process, whereas “research” does not. Hannula et al agree, stating that artistic research must involve experience at its core, it must be self-reflective and self-critical and it must include communication about the findings of the research (Hannula et al., 2005 p20-1).

Practice-led methodology puts my art practice at the heart of my research. As Malterud suggests, the processes of investigation and experimentation for this project have been broadly similar to my normal practice with the additional element of disciplined self-reflection and critique and communication of the process and the findings. The “Research” process involved far wider reading and reflection and has broadened my knowledge. It has been fed back into the practice, and reflection on the practice has driven the direction of the research.

Jenny Hughes in a podcast presentation (Sjoberg and Hughes, undated) offers a helpful conceptual framework for understanding practice as research. She defines three elements: artistry – a designed and crafted process; improvisation – a process which is not part of the original design, but which responds to chance encounter or accidental discovery; and decomposition - the process by which the artistic or improvised research disintegrates in the face of experiences that confound expectations. This framework honours the artistic skill and experience at the heart of the research, and recognises the requirement to be open to the unplanned. The knowledge gained through this research method is therefore rooted in the experience of the artist and grows out of the practice. I will use the first two elements of this conceptual framework in my description of my research methodology. The third element, decomposition, will become clear at the conclusion of the thesis when I discuss the ways in which my practice has developed during this research.

Experiential methodology

My methodological approach is also experiential, that is, developing theory from practice in an iterative process. This approach is counter to some traditional academic research processes which, as Donald Schön (1983) writes, foster 'selective inattention to practical competence and professional artistry'. But as Schön further argues in his discussion of the design professions, the complexity of the design process is such that there are always unforeseen consequences, to which the designer must respond.

'He (sic) shapes the situation ... the situation "talks back", and he responds to the situation's back-talk.' (Schön, 1983 p79)

Hannula sees experientiality as the core of artistic research, along with how it is transmitted and how it transmits meaning (Hannula et al., 2005). This has been described by David Kolb in the Experiential Learning Cycle (Kolb, 1984), which is used across disciplines (Figure 14). At each stage of the cycle I have reflected on the previous experience and drawn conclusions that have led me to the next stage of experimentation.

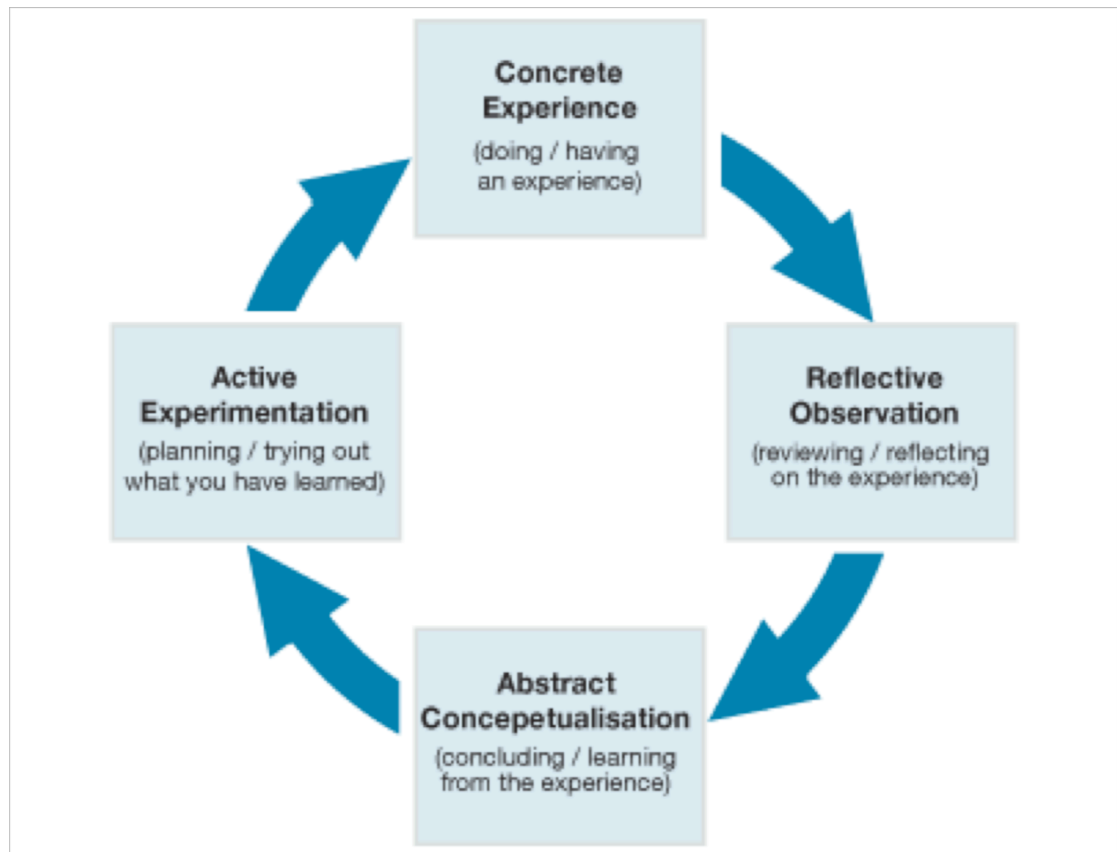


Figure 14. The Kolb Cycle from the website of the National Centre for Excellence in the Teaching of Mathematics <https://content.ncetm.org.uk/courses/tenhourmodules/post16/steps.htm>

Memory and subjectivity

In this research I set out to collect memories about the site of the old MRI from people who worked there. However I acknowledge that my questions play a role in the production of these memories. Different questions will produce different memories, and my subjectivity will influence what the participants remember. The memories are brought into being through a combination of the experiences of the participants and my curiosity and interest. In my interviews, I have attempted to ask open questions and to provide opportunities for the participant to talk, following the methodology of PCA, but I am aware that this will not have always been the case, as my own subjectivity is revealed in my questions. In this research, my concern is not with the 'objective truth' of the memories that the participants relate. I am interested in how to recover memories that have been forgotten and are not recorded, how they add to the collective memory of the MRI, how the participants experience the recovering of

memories and ultimately how to communicate the memories through visual practice.

Situated research

Donna Haraway in her argument against the myth of objectivity, challenges the 'god trick of seeing everything from nowhere' (Haraway, 1988 p581). This research is concerned with 'situated and embodied knowledge' (Haraway, 1988 p583) in which location is paramount. By location, I mean, first, the physical location of the hospital, in which experiences are different than they would be if they happened in another place; second, my location alongside and in relationship with the participants who influence me by their contributions, and who were influenced by my questions; and third, my location within the research, which has been generated out of my experience, my interests and my values. The physical location of the hospital and my own location within the research are connected through my fascination with hospitals. The methodology I have chosen for this research is appropriate because it recognises my own place in the research, it can accommodate and embrace the drama of the hospital setting, and it allows me to create work that grows out of my experience and the experience of my participants. In the next section I will set out the methods I used in my research.

Artistry – a designed and crafted process

I used a variety of research methods. Visual methods included film and photography, drawing, animation and performance. The artist's residency gave me access to both place and people. Archival research gave me an overview of the history of the site and the physical changes that had occurred, which was vital in being able to talk to participants about their memories of parts of the hospital that no longer exist. Walking interviews gave control to the participants to share with me places that were important to them. A review of literature gave me ideas and direction for the development of my practice as can be seen in the first chapter and throughout this thesis and will not be discussed further here.

Visual methods

Some visual methods involved my own visual production, such as photography and film-making, animation, drawings, diagrams and notes. Visual methods were used in two ways. Firstly, I used them as a way of working out and developing ideas, clarifying my thoughts and directing the work. I employed sketchbooks to record my activities, and photographed visual experiments in order to reflect on them (Figure 15). I also used them to analyse the work of other artists. I used diagrams and mind-maps to clarify my thinking and gather information, and some of these are reproduced in this thesis (Figure 13 & Figure 26). My sketchbooks also contain notes, lists, questions, reminders, contacts, as well as visual information, because much of my art practice involves organisational processes that need to be recorded. I regard these as part of my visual practice, even though they are in a textual form (Figure 16)

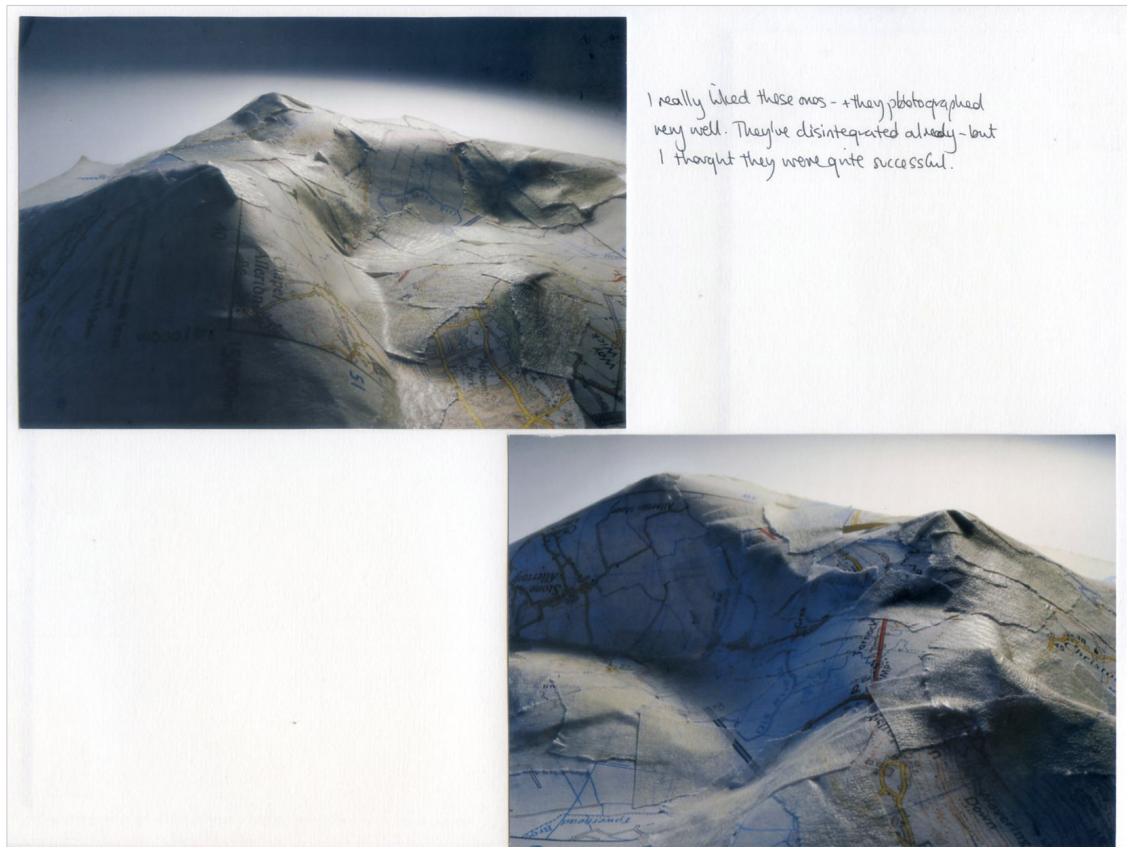


Figure 15. Image from sketchbook. Making landscapes from maps.

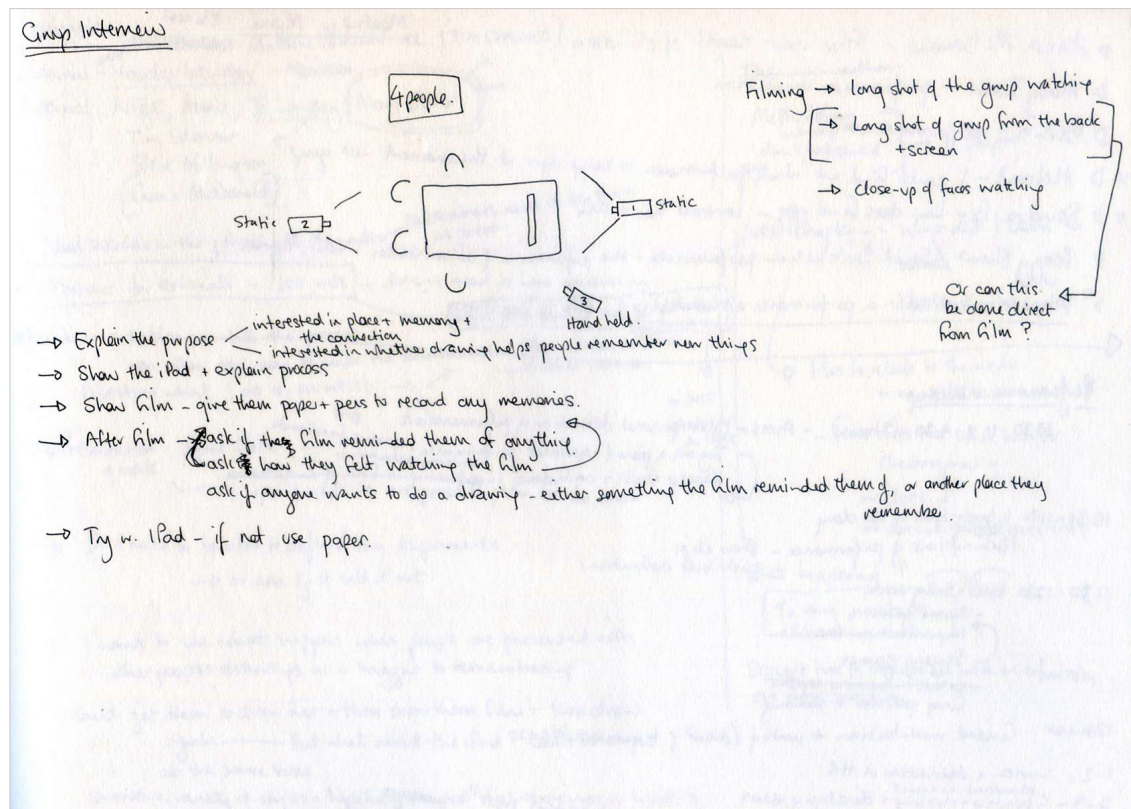


Figure 16. Image from sketchbook. Organisational processes.

I also employed visual methods in the development and production of parts of the creative outcome of this research process and have involved participants in visual production, asking them to make plans and diagrams during my second interviews. This will be described later in the chapter when I describe the redesign of the research process.

Artist's residency

My interest in hospitals led me in 2011, to apply for a residency with Lime, an arts charity within the Central Manchester Foundation Trust (CMFT) who promote the arts within health care (Lime, Undated). Lime's presence can be seen throughout CMFT, which is full of work that they have commissioned and produced, for example the glass work in the Atrium of St Mary's Hospital (Figure 17). Artist residencies can be formal or informal. The common thread is the opportunity for an artist to explore new areas of work in a space that is away from their usual working environment, sometimes with access to specific resources.



Figure 17. Glass work in St Mary's Hospital atrium, commissioned by Lime. Photo Lime.

Lime's artist's residency was informal and experimental, offering studio space, support and supervision. As an artist in residence with Lime, I was eligible for an NHS staff card, which embedded me in the hospital, gave me access to both to the site and its staff, and gave me a sense of belonging to the hospital community. Lime were supportive of my research because they recognise the value of recording the history of the hospital and experience of its staff, having done so in a number of projects including a CD to commemorate 250 years of the MRI (Lime, 2000), a book celebrating the work of the hospital estates team which was disbanded due to the PFI contract (Lumley, 2003) and artworks about the history of nursing (Figure 18) and the history of the hospitals on the site (Figure 19). I found their experience and long connection with the hospital very helpful in my research.



Figure 18. Display about the history of nursing at the MRI. Photo Lime.

Archival research

I began my research by accessing the hospital archives⁷. Till Geiger and Niamh Moore define archival research as research which uses data that has already been generated and which may or may not have been intended to be archived (Geiger and Moore, 2011). My aim in consulting the archive was to set the scene for my work, to have an overview of the current site of the hospital and to become familiar with the site as it was before the new development. With the help of the archivist, I sought out information on the history of the hospital to get an understanding of how it had developed as a site and an institution.

⁷ The archive of the MRI and CMFT is kept in a warehouse in Gorton. It contains material that tells the history of the MRI from when Manchester's first hospital was established in 1752 in two townhouses in Garden Street. It covers the next phase, when a purpose built hospital was sited in Piccadilly Gardens, and finally the move to the Oxford Road site. It also includes contemporary CMFT material such as committee minutes and the hospital records of patients who have died in the previous seven years.



Figure 19. REH bicentenary display in new REH. Photo Lime.

There are many examples of artists working with archival material, for example, at dOCUMENTA 13, a number of artists including Ines Schaber who, with sociologist Avery F. Gordon, worked with the archives of Breitenau⁸. I was struck by the use of archival photographs in Schaber's work. She interrogated the photographs through a one-way conversation, allowing her thoughts and imagination to merge with the archival material and in the process she challenged the temporal distance between her and the image. As I looked at visual representations of the old MRI in the form of photographs and maps and plans of the site from its early days, up to the point where the recent demolition occurred, I had the same sense of the dissolving of time and wondered if I

⁸ Breitenau is a 12th century Benedictine monastery that after the reformation became a summer palace for the Lords of Hessen, then a workhouse. In the Nazi period it was a concentration camp and after the war, a girls reform school. The Director of the Breitenau Memorial, Gunnar Richter has instigated a cultural investigation, and says that over 100 artists have visited to work with material from the former monastery (Stock, 2012).

would be able to find ways to make the past of the MRI speak in the way that Schaber did at Breitenau. (Figure 20 & Figure 21).



Figure 20. Staff photograph labelled 1939. Photo copyright CMFT.

I visited the map archives at the University of Manchester and used Digimap, an online mapping resource, to investigate the use of the site before the hospital was built. I discovered that the site was not empty before the hospital was relocated there in 1908. The hospital required the demolition of more than a dozen large houses of the scale of the remaining mansions of Victoria Park, which are now used as University residences and offices. This was an intriguing story more unexpected than the twentieth century demolition of working class terraced housing with which I was familiar (Kealy-Morris, 2008), (see chapter 1) but which I did not have time to follow up.



Figure 21. Outpatients department 1948. Photo copyright CMFT.

In the archive, I expected to find a collection of maps and plans that I could use to identify the places that I hoped my participants would describe in the walking interviews. However, this material was not accessible in a form that was useful for this purpose. Plans were detailed and technical, and of too large a scale for me to gain an overview of the site. I did however access books about the history of the hospital as well as historic photographs, and a small scale drawing of the original building (Figure 10), which helped me to clarify the changes that had already taken place, additional buildings and the growth of the site, before the new development. I used material from the archive to create a timeline of the history of all the Manchester hospitals from 1752 to 2000 and made a diagram of the different stages of demolition that created the site as it is today (Figure 22). These two documents contextualised developments at the site and enabled me to approximate the dates of undated photographs based on what buildings were visible.



Figure 22. Diagram of demolitions at MRI site between 1900 and 2000.

Walking interviews

The walking interview is a method which has been used for many years by ethnographers and social science researchers, but seems to have had limited use in artists' research. It is usually chosen when place or space is a key feature of the research, and it allows participants to show as well as describe an environment. According to Andrew Clark and Nick Emmel (2010) there are a number of reasons why walking interviews may be chosen over static interviews. The method gives a degree of control to the participant who can choose or adapt the route to include places of significance. The experience of being in a participant's lived environment can give the researcher a deeper understanding and insight and elicit discussion or questions that may not have been thought of in another setting. The placing of stories in their context can help participants to articulate their thoughts and also creates opportunities for spontaneous meetings or observations that can either support or contradict the participant's stories. James Evans and Phil Jones (2011), in their evaluation of the difference between static and walking interviews, suggest that the landscape in which the interview takes place profoundly affects the discussion.

They found that walking interviews generated more and richer stories about the area in which they took place.

In this research, stories about place were the main focus, and by conducting walking interviews, I hoped that participants would be prompted by their surroundings to recover lost memories. I digitally recorded the conversations and after the interview, listened to them and wrote a general summary, highlighting any parts that were of particular interest. I also wrote my own impressions of the interview while it was still fresh in my mind.

Selection of participants

In the selection of participants, my criteria was staff or ex-staff who had worked for a minimum of four years at any of the hospitals on the Oxford Road⁹ site before the new hospital development. By focusing on staff, I could take advantage of the opportunity to recruit from organisations of existing or retired staff, and from Lime's many professional contacts. Staff were chosen rather than patients as they would have a more in depth knowledge of the site and would be able to provide information about everyday, lived experience of the site. Four years was a pragmatic choice, meaning they had worked there long enough to get to know the site well. I approached the director of Lime to help me identify potential participants and I found other participants through my own contacts at the hospital and a number of participants, through snowball methods, put me in touch with other people (Figure 26). The individuals identified were contacted and informed of the purpose and nature of the research, and if willing to participate, were given an information sheet about the project, and asked to sign a consent form, agreeing to participate and agreeing that their anonymised story or memory may be used in a subsequent art work. These forms can be seen in (Appendix 1) & (Appendix 2). All participants were informed verbally and in writing that they were under no obligation to participate. I conducted interviews with 12 people, either individually or in small groups, at the hospital site. Most of these were walking interviews that took place around the site, but I also interviewed participants in offices and staff

⁹. The Royal Eye Hospital (REH), the Manchester Royal Infirmary (MRI) and St Mary's Hospital

areas. Some interviews included both static and walking interviews. Stories and memories were initially gathered in an informal conversational semi-structured interview process focusing on the individual's memories of the hospital site, particularly aspects of the site that no longer exist.

There was originally no intention to identify participants, but details of how to get permission to use names and identifiable images, were included in the original ethics application, including release forms. This meant that the change in emphasis of the research in the second phase of interviews did not require further ethical consent. Participant's personal details were not stored electronically so there were no issues of data protection. Paper records were kept in a locked cabinet. Risk assessments of research activity were done on a case-by-case basis under the direction of the supervisory team.

Improvisation – the redesign of the research process

The initial stage of the research led to the gathering of knowledge and material. I accessed the archive and became familiar with the history of the hospital and the development of the site. I had access to the site through my residency at Lime, and I interviewed 12 people who provided me with information about their experience of working at the hospital. My initial plan was to take these stories and use them to create maps, memorials, stories and objects to put the memories back into the places where they were originally located. However at the end of the first year, I reviewed my progress and realised that the walking interview method had not resulted in the material I had hoped to gather.

The aim of the interviews was to generate data which I could use to create a body of work which brought into consciousness forgotten or disregarded narrative. I expected that the walking interviews would help interviewees recover lost memories of the places that had been demolished, and I expected to get a sense of the importance of the siting of memories, and the experience of the loss of place. I thought that like Kit in *'The Old Curiosity Shop'* (Figure 1), other people would also search for evidence of the places that had been lost, but that didn't seem to be the case. It seemed that the destruction of place did indeed result in the loss of memories, and that simply asking people to

remember in the rebuilt site did not generate the lost memories that I was interested in. Most participants did not talk about the places that had been demolished, but rather, about the places that remained such as the administration block immediately adjacent to Oxford Road. There were some recollections of places that had been demolished, but mainly to do with the difficulty of remembering where they were.

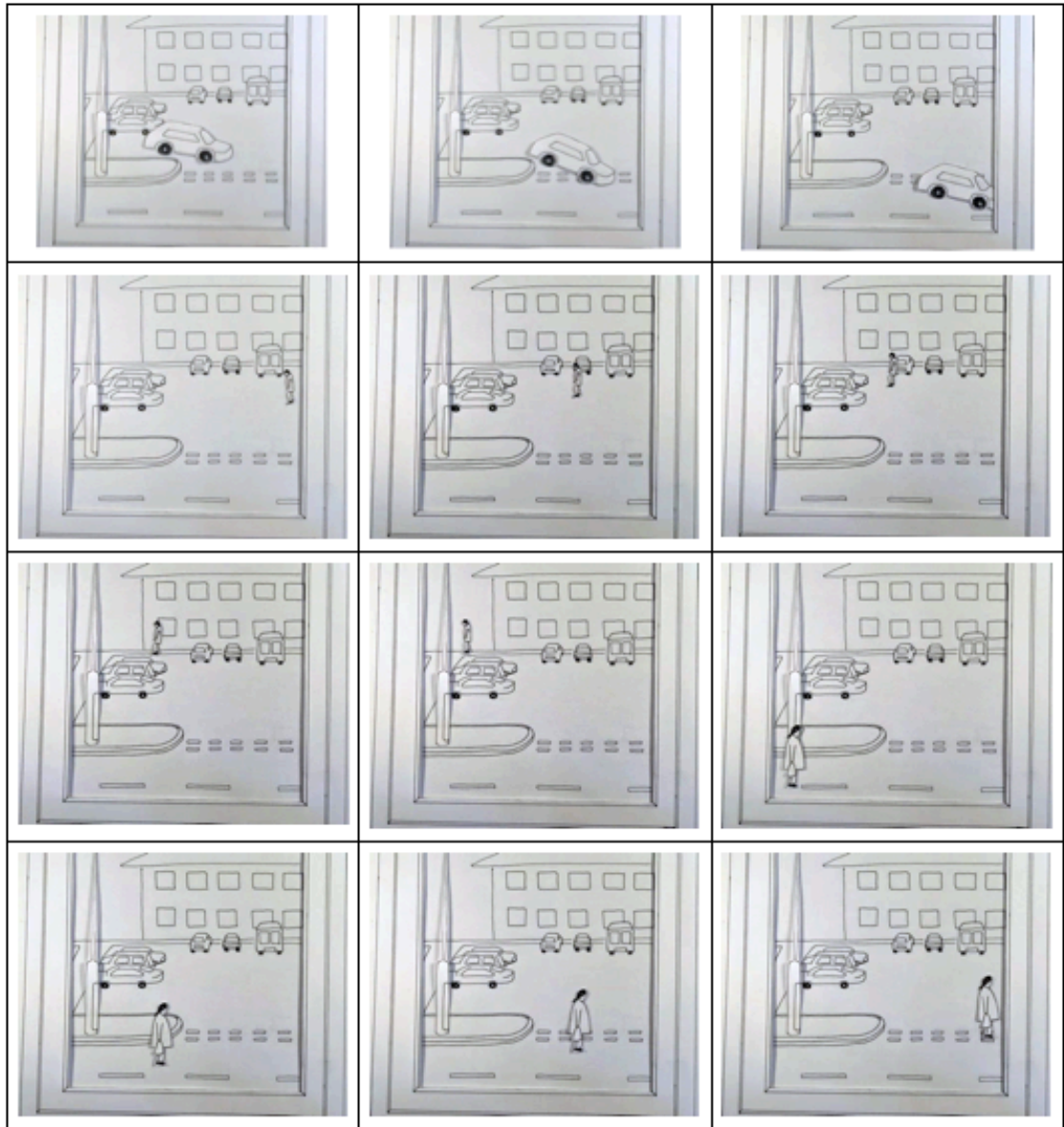


Figure 23. Stills from stop motion animation. Film Annie Harrison.

However, I used some memories to create stop-motion animations of stories such as one of a nurse looking out of the window at the car park below. (Figure 23).

Also, during a walking interview, Graham who initially worked on building maintenance, before taking responsibility for Health and Safety in the PFI project, pointed out the fossils in the white Portland stone, a decorative element in the old buildings. This was an effective metaphor for the way I imagine memories and experience to be absorbed into the fabric of the building, and I was given permission to make latex moulds from the fossils, which I cast in plaster. The fossils were used in a film that I made with a choreographer in a disused part of the old St Mary's Hospital, and showed at Rogue Open Studios in 2012 and at Northlight Open Studios in 2014 (Figure 24). The film is not part of this submission but can be seen at <http://vimeo.com/106791249>.

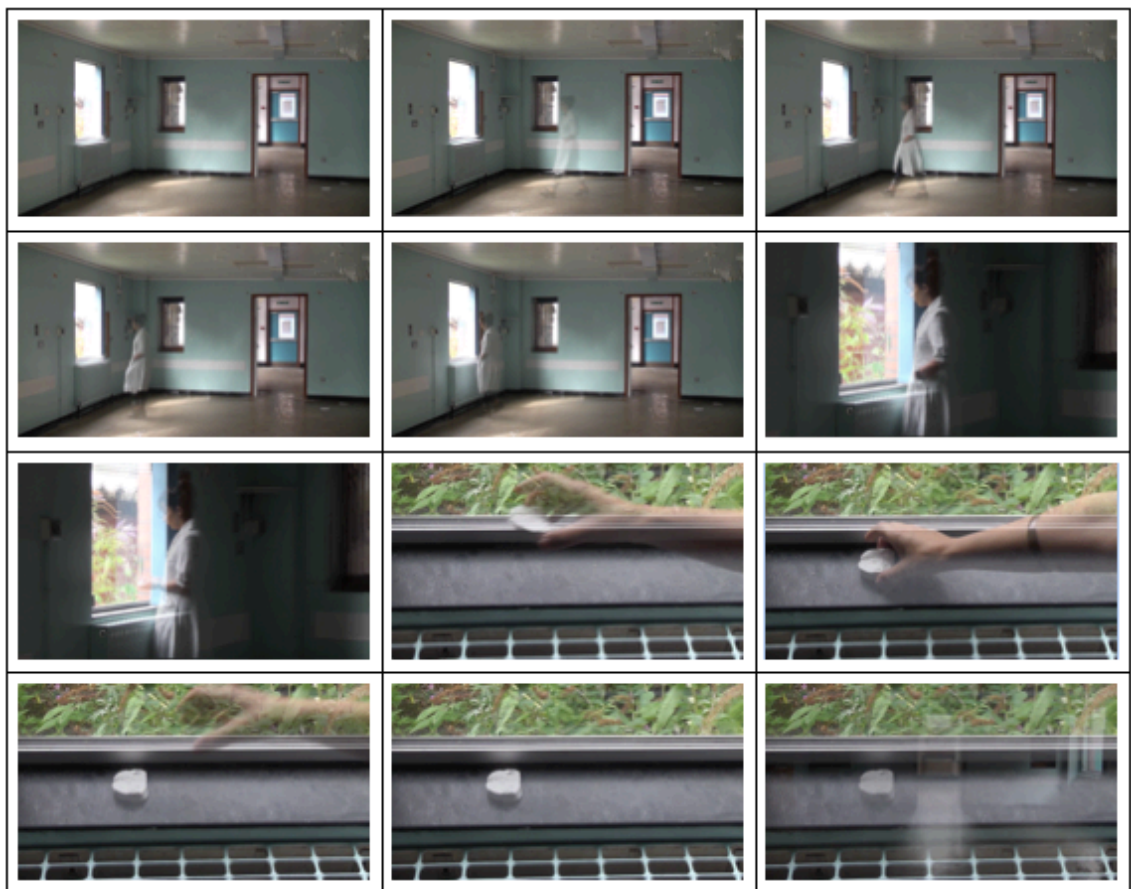


Figure 24. Stills from *Untitled* (2012). Film Annie Harrison. Performance Kate Engineer.

At this point in the research, the connection between mapping and memory seemed to have been lost. However, two different map-related experiences led to my redesign of the research process. Firstly, some participants drew maps for me after our walking interviews. At the time I couldn't see how they would contribute to my research or artwork and regarded them as additional background information, but not as important as the 'official' maps of the site.

The second experience was reading articles on performative mapping, a new idea for me. But it was the illustration in an article by Perkins that was instrumental in me redirecting my work (Figure 25). It is captioned 'Mapping as a social activity' and in the article, illustrates what Perkins describes as performances around mapping (Perkins, 2009 p128).



Figure 25. Image from article '*Performative and Embodied Mapping*' by Chris Perkins.

Even though the photograph showed people reading rather than drawing maps, I realised that the maps that participants had drawn, far from being inferior to the 'official' maps, could capture the lived experience of the site, as I recorded in my research journal:

Reading Chris's article, I was thinking about the maps that Betty drew for me. I suddenly imagined a group of people in the old St Mary's clinic area where I had filmed, like Kit, drawing a diagram of the old hospital in the dust, with the wards and corridors, and the layout of the wards, and negotiating the diagram together and telling stories and arguing about the placement of different things and talking about how things changed and when they changed. (Research diary November 2013)

In my early research, I regarded cartographic maps and the stories of participants as separate. The maps and plans were the objective document that I could use to locate these subjective stories. It was not until I read about the social construction of maps and performative mapping that I began to consider that the maps of participants, far from being a worryingly inaccurate rendition or a repetition of the information in the 'official' plan, might well reveal different and unique stories, and that the creation of the maps could be in itself, a performance. This raised an additional question: what would be the most appropriate outcome of the research, would it be a material object, an artefact, memorial, or structure, or would it be an experience or process?

The move from object-based to process-based art is not a new idea. It has been a feature of contemporary art over many years. In the 1990's, Nicolas Bourriaud identified a movement amongst contemporary artists to create artwork that challenged the technological changes that were isolating people from human interaction through the expansion of the mechanical (now more likely to be digital) interface such as cash dispensing machines. Bourriaud describes this movement as relational art, and defines it as 'taking as its theoretical horizon the realm of human interactions and its social context, rather than the assertion of an independent and *private* symbolic space' (Bourriaud, 2004 p14). Clare Bishop argues that in Bourriaud's examples of relational art, the curator and institution are elevated and that 'all relations that permit "dialogue" are automatically assumed to be democratic and therefore good' (Bishop, 2004 p65). For Bishop, the 'feel good' factor of these art works ignore the world outside the gallery (Bishop, 2004 p79). However, Grant Kester offers a very different selection of art works, which had they not been created by

artists and described as art, could equally be viewed as community development or political activism (Kester, 2004). He describes these as 'dialogical' by which he means they 'unfold through a process of performative interaction.' (Kester, 2004 p10). Their focus is durational rather than immediate, and they 'define dialogue itself as fundamentally aesthetic' (Kester, 2004 p13) though visual aesthetics are often a consideration for the artist. In dialogical art, not only are social issues the subject of the work, the participants and audience are from outside the traditional art world, creating a new audience and potentially new artists and collaborators.

With the turn towards practice in cartography moving from the map to mapping (Del Casino and Hanna, 2006), and the movement towards process in art practice, I was beginning to conceptualise that in my art practice I could move from a focus on producing a material object to embracing participatory processes and identifying them as my art product, following a more relational model. This, along with the implicit social critique of memorialising 'small memories' of ordinary people (Semin et al., 1997), suggests that my work could fall within what Suzanne Lacy defines as 'New Genre Public Art', that is, where artists engage directly with the public to deal with important social issues (Lacy, 1995). However, without a history of practising public art, which is one of Lacy's criteria, I have chosen to describe it as 'arting', which suggests the verb of process rather than the noun of object. I had previously viewed the walking interviews as necessary in order to collect data for the creation of work. But I then understood that by making their maps, the participants were engaged in the performance of memory.

The technical challenge and the apps

Having decided to ask participants to create maps I wanted to find a way of recording them. I reflected on the method that David Hockney used in his exhibition 'The Bigger Picture' (Hockney, 2012) where he showed drawings he created using an iPad drawing application, and also showed films of the drawing process which were recorded using the drawing app. I experimented with the drawing programme 'Brushes' (Taptrix, 2012) which Hockney used, but the downloading facility had been discontinued. However, I found a simple

drawing app, called Screenchomp, (TechSmithLabs, Undated), which seemed worth experimenting with.

I piloted the drawing interview method with my partner, and it was clear from the outset that the process of drawing helped to elicit forgotten memories of place. During the first drawing he said, 'There were ... there was a way in... oh I remember this, there was a long corridor here.' As he drew, he began to remember the lost place.

The pilot project at Saltaire

This method of recovering lost memories was further piloted when I was commissioned to create a film for 'Cloth and Memory 2'¹⁰, about people's memories of Salts Mill. With the help of the Saltaire History Society, the Saltaire Archive and by displaying posters, I made contact with 7 people who had worked in Salts Mill or lived in the village when the Mill was operating. I asked them to draw plans and maps of places they remembered or of their working environment on an iPad using the Screenchomp app. The animated drawings produced during the interviews were edited into 35 minute film¹¹ '*Drawing out the Threads*' which is not part of this submission, but can be viewed at <http://vimeo.com/106676436>. Our interaction in the interview, my relationship with the participants, and their participatory experience, were not just part of the creation of the artwork, but of the art itself. While I did not conduct interviews or collect data about the participants' experience, through the interactions I had with them, it was clear that the experience of sharing their memories was of great significance to them, and was made greater by seeing the film of their stories at the exhibition¹². It is possible that the experience of having their memories valued made them feel valued.

¹⁰ Cloth and Memory 2 was a prestigious textile exhibition curated by Professor Lesley Millar, June Hill and Jennifer Hallam. They commissioned site specific work about Salts Mill, Saltaire, for an exhibition in the Spinning room at the Mill in 2013

¹¹ using Final Cut Pro X

¹² All seven participants were sent an invitation and attended the opening event, on August 17th 2013, where the film '*Drawing out the Threads*' was shown alongside the work of 20 other national and international artists. All brought family members or friends with them and I have continued to have contact with some of them since the exhibition, and have met the nephew of one participant who contacted me to tell me how much his uncle had enjoyed the film.

Drawing interviews at the MRI.

The drawing interviews introduced another element of visual production, that of the participants. These drawings could be approached in what Sarah Pink calls the 'realist paradigm', (Pink, 2007 p5) that is data which can be transcribed and analysed for content and theme and meaning. I have, however, chosen not to dissect the drawings, but to see them as a whole, with the conviction that the visual can reveal something directly to the viewer about place and memory.

This approach to participant contributions is not unusual among artists and somewhat mirrors Perkins' description of the turn towards practice in mapping (Perkins, 2009 p126). Sandino and Partington (2013), in their book on the use of oral history in the visual arts, describe two art works where selections from participants' interviews have been used to create art work without content analysis. Regarding Bettina Furnée's *'Prisoner of War'*, a text-based site specific work which takes phrases from interviews with local people about the threat of invasion in the Second World War, they say:

'The process used to generate the final texts ... was intuitive and not strictly analytical.' (Sandino et al., 2013 p42)

They also quote Al Johnson, speaking of her work *'Land of Laundries'*:

'I edited together what I liked most and what seemed the most interesting' (Sandino et al., 2013 p 42)

I conducted a second participant recruitment for the drawing interviews (Figure 26), focusing specifically on people who had worked at the MRI so that all their stories would be about the same place. I went back to some of the people I had already interviewed and asked if they would be willing to be interviewed again. In this way I hoped to be able to ask them if they felt the drawing interview was a better aid to recovering memory than the walking interview. I recruited some new people for the individual interviews, aiming to broaden out the roles that were represented in the research. I also wanted to interview people who worked

at the MRI at different periods. I contacted the President of the Nursing Fellowship¹³ and was invited to attend the AGM and make a short presentation and distribute a leaflet, asking for volunteers for the project. The individual interviews all took place at the MRI and the group interview happened in the home of a retired nurse in Cumbria. For the group interview I hoped to attach a monitor to the iPad, which would make it easier for a group to see and contribute to the drawings but unfortunately, this was not possible. All drawing interviews were filmed to provide additional data and participants were asked to consent to their images and names being used (Appendix 2). This footage was not used in the film, but it meant that parts of the interview that did not include drawing were also captured.

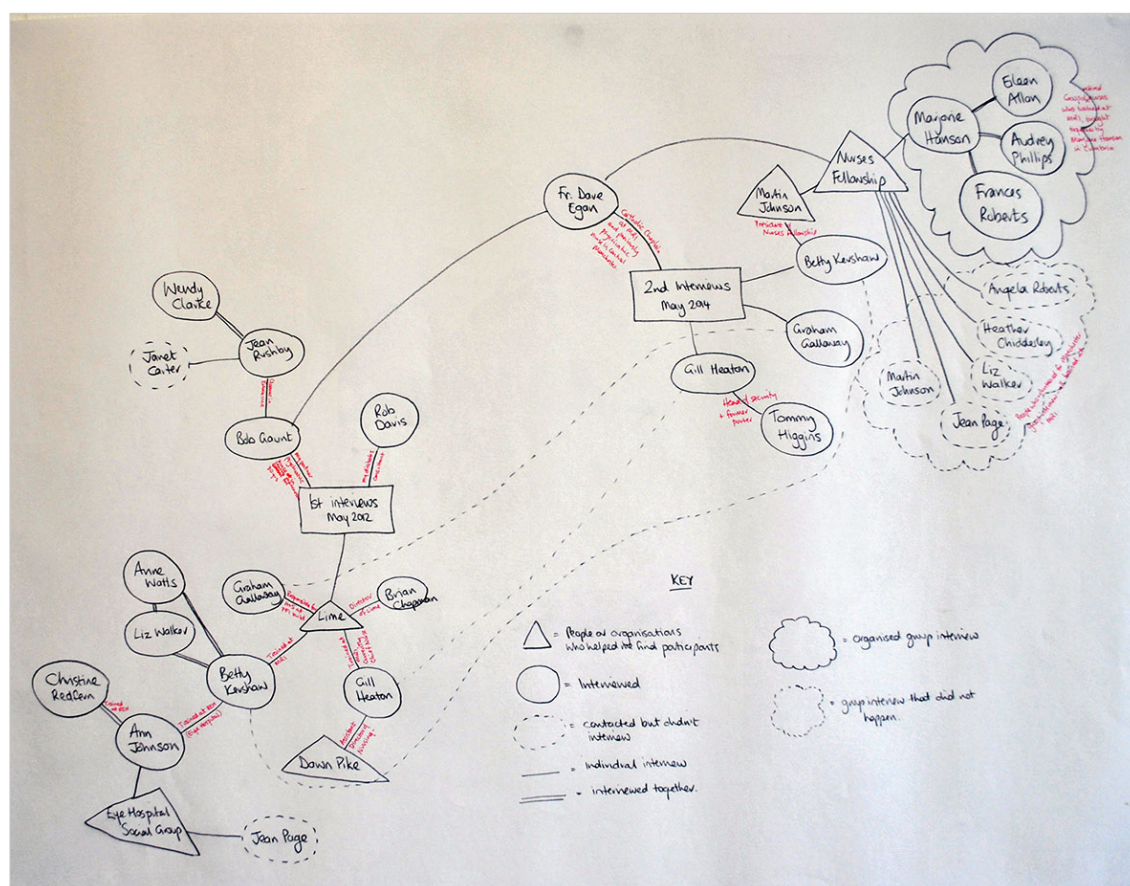


Figure 26. Diagram of participant recruitment.

¹³ The Nursing Fellowship is an organisation of nurses who trained or worked at the MRI. Many of its members are now retired.

A selection of drawings was edited into a 32 minute film, '*Drawing Back*' which was commissioned by Culture Shots 2014¹⁴, and was screened at CMFT hospitals between 14-18 July 2014. The film was shown in the atria of the hospitals alongside other activities (Shots, 2014). 68 people stopped to watch the film including four of the participants. Some people watched for a few minutes. Others watched the complete film. The film was shown on a monitor that sat on a white cloth on a stainless steel hospital trolley (Figure 27). A comments book was available, and some of the viewers left comments that have been integrated into the analysis of the film in the next chapter.



Figure 27. Dave Egan watching '*Drawing Back*' during Culture Shots 2014. Photo Annie Harrison.

¹⁴ Culture Shots is a week of cultural activities which aims to show how culture and cultural resources can improve health and wellbeing (Culture, 2014). It is a partnership between Manchester Art Gallery, Manchester University, Lime and the Central Manchester Foundation Trust. In total, 40 different Culture Shots activities were advertised across 8 hospitals and 2,716 people engaged with activities. '*Drawing Back*' was shown for half a day each at the Royal Eye Hospital and St Mary's, and for three half days at the new MRI.

The film showing was advertised in an ambiguous way in the programme. The text I sent to the organisers for the programme was:

Drawing Back: Artist Annie Harrison asked staff and former staff to draw and talk about their memories of the hospital from 1945 to the redevelopment. The result is this captivating film.

But the text was edited by the organisers and what appeared in the programme was:

Memories of the MRI. Do you have any memories of the MRI? Join artist and filmmaker Annie Harrison to hear people's stories and drawings in the form of captivating film (sic)

The ambiguity of the description meant that some viewers who had seen the programme thought that I was collecting stories and one nurse came specifically to tell me a story and show me photographs. However, as I will discuss in the final chapter, this led to ideas for the further development of this method of working. The film shown at Culture Shots 2014 is part of the submission for this thesis.

Conclusion

Through my art practice, I have developed a method of recovering lost memories of place. I began by collecting stories through walking interviews. I made stop motion films using my own drawings of someone else's memories, attempting to capture their memory as closely as possible by working from their drawings of the memory. These films and one made at the old St Mary's Hospital, were experiments in the process of creating a visual outcome for this research. My practice initially led me away from mapping, but when I realized that walking interviews alone did not appear to recover lost memory, and that some interviewees made their own unofficial maps of the old MRI, I developed the drawing method, after reading Perkins thoughts on the performances associated with mapping. This iterative process took me full circle from Kit's drawing 'a square upon the ground' to recall and communicate what had

disappeared, to participants drawing the lost sites with new technology to recover lost memories associated with the old MRI site. Drawing appears to help people recover memories of place in a way that walking and talking in the lost site cannot. Instead of only creating an art object to facilitate remembering, the performance of making maps of the old MRI site also became a piece of process-based, relational art, which I have termed 'arting'. My film '*Drawing Back*', is at once a record or documentation of that 'arting', and an art object in itself. It also evidences the use of drawing in recovering memories of place. In the next chapter, I will outline my learning through this research process.

Chapter 3: Learning

Introduction

This final chapter will focus what I have learned through the research process. The opportunity to use the drawing method with participants in Saltaire gave me the chance to reflect on the experience and to develop the method further. In the drawing interviews about the old MRI I was able to ask the participants about their experience of this method and whether they felt that drawing helped them to remember. The varied jobs within the participant group and the range of ages and periods of working in the old MRI meant that I had a diverse group, some of whom still work at the site. Current staff were sometimes less nostalgic about the loss of the old MRI than were the retired nurses and they challenged my idea of the new hospital as non-place, and indeed, Graham suggested that the old hospital may have equally been a non-place in its time.

In the introduction I outlined my research objectives, and in this chapter I will show how I met them. The development of the drawing interview method, allowed me to capture unrecorded stories of the old MRI, through counter cartographic practices, that is, showing things not normally found on the map. Screening the film made from the drawing interviews, in the new hospitals, highlighted the contested spatial relationship between the old MRI and the new hospitals, and brought the lost place of the old MRI back into the new hospitals. Finally, despite the risk of the film solidifying memories of the old MRI, through engaging with participants and viewers of the film I was able to encourage an on-going sharing of memories. This goes some way to meeting Young's requirement for an effective memorial, that of being an unfinished process (Young, 2009).

Findings from my practice

I conducted a number of phases of research, with the experience and reflection generating ideas and leading to further experimentation which informed the next stage (Kolb, 1984; Schön, 1983 p79). I also worked in an instinctive way, using the material that I was most interested in and inspired by, similar to Linda Sandino et al's description of Al Johnson's working method (Sandino et al.,

2013), (see previous chapter) and responding to my feelings during the research process. The hospital archive provided me with access to books, plans and photographs which helped me build up a picture of the history of the site. In the past, I have used visual art methods to tell a story using existing maps. At the Manchester Royal Infirmary (MRI), however, the archival material did not animate my work, but felt limiting. I now realise that while I was engaged with representations of the hospital in the archive, the opportunity to work with the material and inhabited space was hanging over me like a ripe fruit. Once I had enough knowledge to understand people's spatial references, I was eager to find out about the lived experience of the site and begin to perform the map (Perkins, 2007).

In the walking interviews I hoped that participants would recover memories of places, lost when parts of the old hospital were demolished. As stated in the previous chapter, this goal was not wholly fulfilled. The site of the old hospital has been built over, such that it is not possible to see even a trace of where it had been. This confused some participants. In the pilot walking interview, Bob confidently identified the location of the old psychiatric unit. However, we met his colleague who, hearing of what we were doing, identified different locations for the same places. While both had clear memories of the buildings and their spatial relationships to each other, their ability to locate where they used to be was compromised by the loss of place. Other walking interview participants shared very few memories about places that had been demolished, but gravitated towards the buildings that remained and told stories about them. It appears, therefore, that Connerton is right when he talks about the effect on individual memory of the loss of loci, that is, places where individual and social memory has built up slowly over time (Connerton, 2009 p31). Elizabeth Kealy-Morris's findings that loci of homes and neighbourhoods are retained after their demolition (Kealy-Morris, 2008) may be a feature of the special relationship we have with home, or of the regular coming together of the group of past residents. However, some participants recovered memories associated with the places that remained (J. Rogers, 2009). For example, Anne saw the railings on Oxford Road and suddenly remembered looking through the railings and seeing prostitutes walking along the road and being pulled up by the police. Seeing a

doorway in the only remaining section of corridor reminded other participants of the way into the sisters dining room where they had meals when they were on night shift. It seems therefore that while memories of place are difficult to recover when place changes, place can indeed help to recover memories.

Some of the stories I heard in the initial interviews inspired me to illustrate them in a series of simple animations (Figure 23). However, I only chose stories told by Bob, my partner to whom I was able to return and ask for more information. In order to do the drawings for the animation, I asked him about the visual images that went with the memory, and even asked him to sketch his memory as I wanted to recreate the images that Bob saw in his mind's eye when he recalled the memory, rather than using my imagination. My concern with 'authenticity' (see Chapter 1) made me reluctant to add to his memories with my imagination and this is a limitation that I need to acknowledge and use in my work. Bob's drawings of his memories, along with Kit, drawing 'a square upon the ground' (Figure 1) and the maps drawn spontaneously by participants after the walking interviews, may have an unconscious stimulus to developing the drawing interviews.

The Saltaire pilot

The commission at Salts Mill gave me the opportunity to try out this new method, the drawing interview, and led to an understanding that the process I engaged in with participants was part of the art itself, what I have termed 'arting'. It could be argued that the process of 'arting' continues beyond the end of the project. The relationship between me and the participants, and their experience during the interviews and after are a continuing part of the work as they recall or talk about the experience. All the participants were given a copy of the DVD, and this continues their engagement. They can watch the film again, show it to other people, elaborate on their own or other people's stories, subvert the meaning of the film through their own interpretation. Through watching the film, the audience become custodians of the collective memory of the site, continuing the 'arting' process. I also edited a second film, which focused on a single story, not included in the original film, and showed it at a meeting of the Saltaire History Club. The sharing will continue into the future,

as participants gave me permission to donate DVDs of their full drawing interviews to the Saltaire Archive, which was a key contact during the recruitment and interviewing process. Thus the data will be available to anyone with an interest. I am not able to say whether the drawing process helped participants to recover lost memories as I did not specifically ask them. I am also unable to say whether the film evoked memories for the audience, most of whom would have been visitors to Salts Mill from elsewhere, rather than local people.

(before reading this section, please watch the film '*Drawing Back*' which you will find at: <https://vimeo.com/101552175>)

Figure 28. Betty Kershaw's drawing of the site. Film Annie Harrison.

oneself and the destination. In the same way, drawn maps such as Graham and Betty's site plans could be described as 'destination' drawings, intended to communicate accurate information, and the drawing process the somewhat inconvenient means to achieve that (Figure 28)

On the other hand, in wayfaring, the journey is the goal, rather than the destination and some drawn maps were like this, for example, Gill's drawing of the theatre in which she remembers as she draws (Figure 29) and rubs out and redraws one part of the drawing. The story unfolds as the drawing is produced. The amputation story may have been prompted by the drawing in the same way as an interesting view might tempt the wayfarer to change direction and explore it.

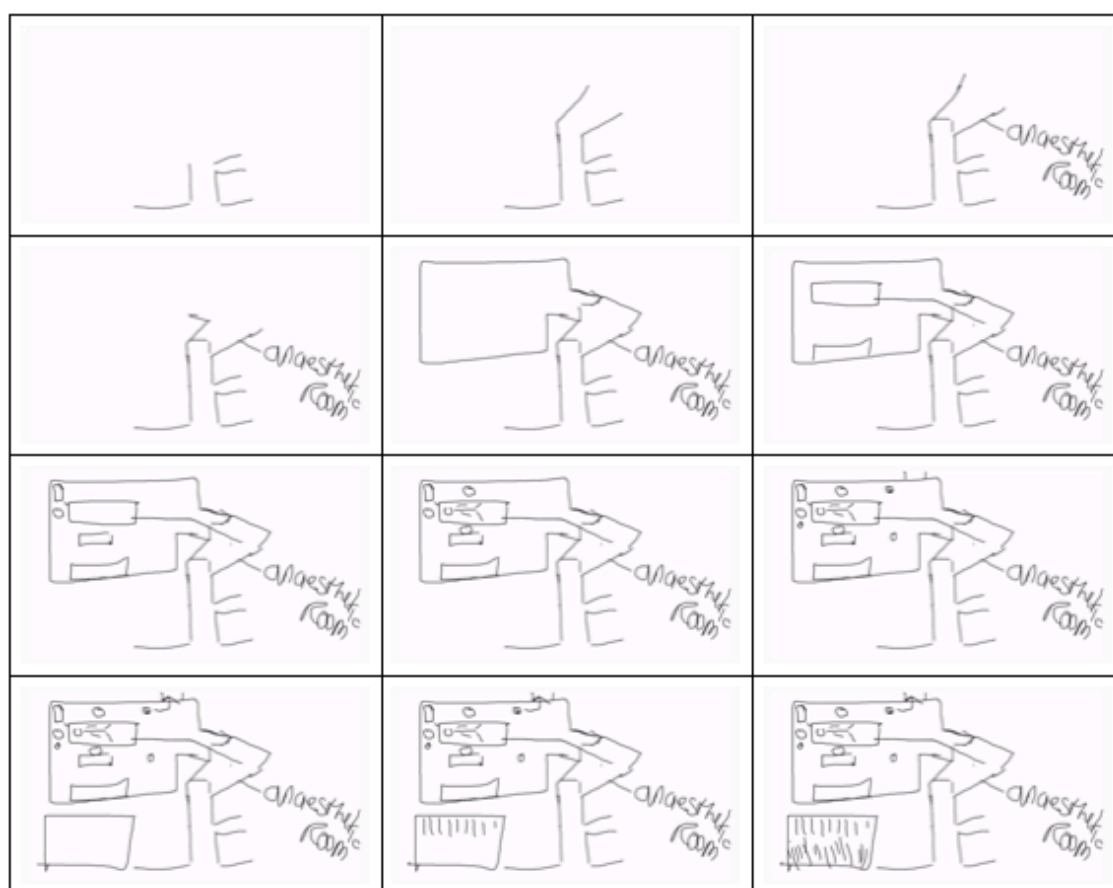


Figure 29. Gill Heaton's drawing of the theatre at the old MRI. Film Annie Harrison.

While all the participants at Salts Mill were retired, and aged between 69 – 94 years, the participants in the MRI drawing interviews included people working at the new MRI site, as well as a group of retired nurses who had trained at the

MRI between 1945-1961. Salts Mill remains relatively intact, though now used for a completely different purpose and not all of the areas are accessible, but its physical presence could provide an on-going reminder of the experiences people had while working there. In the interviews at the MRI however, I was asking people to recall places that no longer existed and where no trace remained, although for those who still worked there, their tasks and colleagues might be the same. The MRI site has a long history of change and development, but the 1908 medical corridor was still in use only 5 years ago, making it a fairly recent memory for those people who still work at the site.

As described in the first chapter, memory is a complex process and participants showed different ways of remembering in the film. Some of Tommy's comments, suggest that he was recovering memories during the drawing interview, for example the red line leading to the X-ray department ('I've just remembered it now, it was a red painted line...'), and the porters lodge ('I haven't even recalled the porters' lodge for years...'). He also wrote in his feedback that drawing 'made it way easier to remember the old hospital'. If so, these memories may be closer to the actual experiences he is describing because there has been less reconsolidation of the memory whereby memories are reconstructed each time they are performed (Fernyhough, 2013 p270-71; Lummis, 1998 p274). Dave seemed to be aware of the reconsolidation of memory. He questioned the accuracy of some of his memories: ('I might be falsifying memory, but I seem to think that they had hats on as well.' and 'I want to say the door was here, but again, I don't know if I am making this up.'). He was aware of the selective quality of his memories, depending on the elements that were most important to him. He described how focused he was on the biscuits that were brought into the meeting on a tea trolley. ('I do remember that, but I don't remember who brought it in, it's interesting that I can't remember who brought it in.') He also described his memories as mostly sensations, which suggests he was recalling generic personal memory (see chapter one).

Graham's knowledge of the history of the site is such that he recounted historical memory, that is memory drawn from, for example, written accounts,

almost as if it were personal memory that he has witnessed and for which he has a mental image (Brewer, 1986 p26; Coser, 1992 p23) ('Going back a long time, these steel frames were open at the top so smoke used to blow through here') (Figure 30).

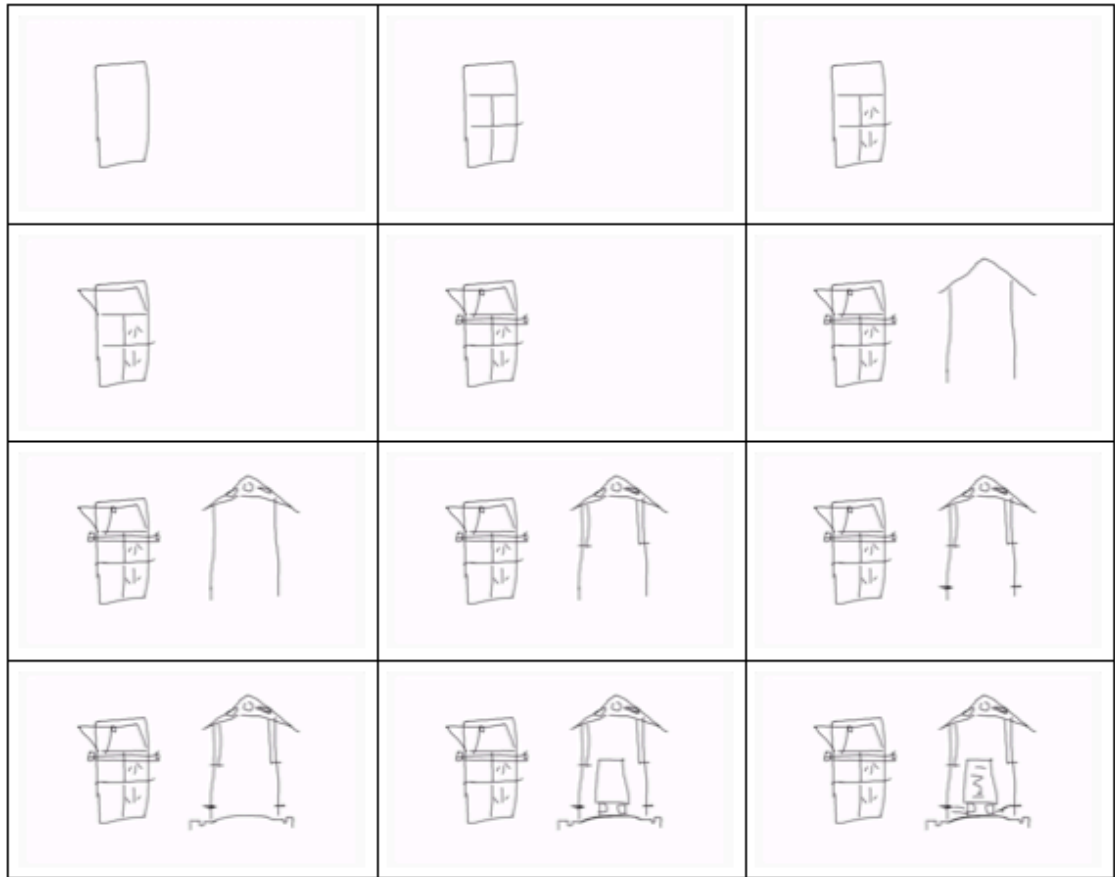


Figure 30. Graham Galloway's drawing of a windows and corridor in the old MRI. Film Annie Harrison.

Fernyhough discusses the way that his children 'remember' their grandfather through the imprinting of his sayings and stories in their memory (Fernyhough, 2013 p114-120). Perhaps in the same way, Graham has read about and imagined the events until they have become real to him. Betty remembered very clearly and had an extensive rehearsed memory of the site (see chapter 1). She told me that she had discussed and argued with former colleagues about the layout of the wards. She believed that her memories were accurate through regular repetition and discussion but ironically, the effect of reconsolidation may mean that her memories are more distanced from her actual experience (Fernyhough, 2013 270-71; Lummis, 1998 p274).

The group interview seemed to be effective at helping people to remember things they had forgotten. For example, the participants contributed to each other's drawings, prompting such recollections as the drugs cupboard and the kitchen. In particular, Audrey who had not worked at the hospital since the late 1940's, told me after the interview that she could not remember much but began to remember things as the others talked. She was confident enough to be heard in the film contradicting the memories of the others ('I don't remember a balcony').

The selection of drawn maps for the film was made specifically for Culture Shots. If the film had been made with another setting in mind, I may have chosen to make a longer or shorter film, with a different selection of drawings and stories, as there were many drawings and stories that did not get used in this film, or including footage of participants as they drew. The film was intended to be short enough so that it could be watched in one sitting during the Culture Shots event, and 30 minutes was considered the maximum length for this purpose. I wanted to include drawn maps of public areas that staff and general public would recognize, as well as private areas such as the theatre, the laundry and the porter's lodge which would reveal themselves through the film. I wanted a balance of funny with serious stories and spatial information, to capture people's attention in different ways, since it was to be shown alongside other activities running concurrently and had to compete for attention. I also wanted to include clips where the participant reflected on the process of remembering. I hoped that this would raise the issue of the recovery of memory for the viewer. I will consider three aspects of the film: place, memory and mapping.

Place

Some drawn maps described the hospital in spatial terms, some in terms of tasks and others in terms of relationships, reinforcing the many different ways in which place is created, and highlighting the challenge of analysing place using a realist paradigm (Pink, 2007 p5). In the film, the complexity of the hospital with its different functions, tasks and technologies, becomes distilled to a single voice, a line drawing and a story. The simplicity of the film contrasts with the

complexity of the place. Returning to Shaeheli's five conceptualisations of place (Shaeheli, 2003 p159-63): physical location, cultural/social location, context, temporal construction and process, mentioned earlier in the thesis; all five are illustrated in the film. Physical location was important to many participants, who took pains to create what they considered to be accurate drawn maps of the site. The breadth of roles performed by the participants, from manual to skilled to professional, is a reminder of the complexity of the setting and the wide range of tasks required to keep the hospital going. Though of different cultural and social status, they were once all part of the same team or 'family' as many of the participants described it. These roles and tasks are now split between different companies and organisations because of the contracts with are part of the PFI funding, which has also changed the experience of working there (Lumley, 2003; Hellowell and Pollock, 2009).

The context for the participants' experience of place is nostalgia for the old and the business-like 'moving on' to the new. Some retired participants had a straightforward relationship with the loss of place, including sorrow and a belief that things were better in the past. Audrey wrote in her feedback 'I was a patient in MRI a few yrs. ago and didn't recognise it at all. And the nursing! Not up to our standard...'. However people who still worked there sometimes had conflicting feelings about the loss of place. Graham argued strongly in the walking interview that hospitals should, and always have been, accommodated in the most up-to-date buildings, and this challenged my view that the old hospital should have been left as it was. But he also regretted the loss of the old: 'Sparshott House, I would have liked to see that stay, almost pointless me saying that now because it's gone'. Even Gill who was convinced of the need for change, acknowledges loss:

'I thought I would be very sad when I saw the hospital knocked down that I trained in and felt very loyal and committed to and had happy memories of. But the reality was it was absolutely the right thing to do and it was a building... that had lived beyond its use really.'

The film collapses space and time. The stories and images span nearly 70 years from 1945 to the present, and the viewer experiences a kind of archaeology, uncovering layers of history, and in the process, remaking the past. Some participants acknowledged the ongoing process of creation of place within the hospital. Betty described the change in use of one building which remains from the old MRI ‘... what is now the Post Graduate Centre, but at the time was the Physio. residences’. In the group interview, different participants had different memories of the wards from different times.

‘The double was next to the kitchen.’ ‘No we didn’t have a double side ward in my day, we had two singles on that side and one on that.’

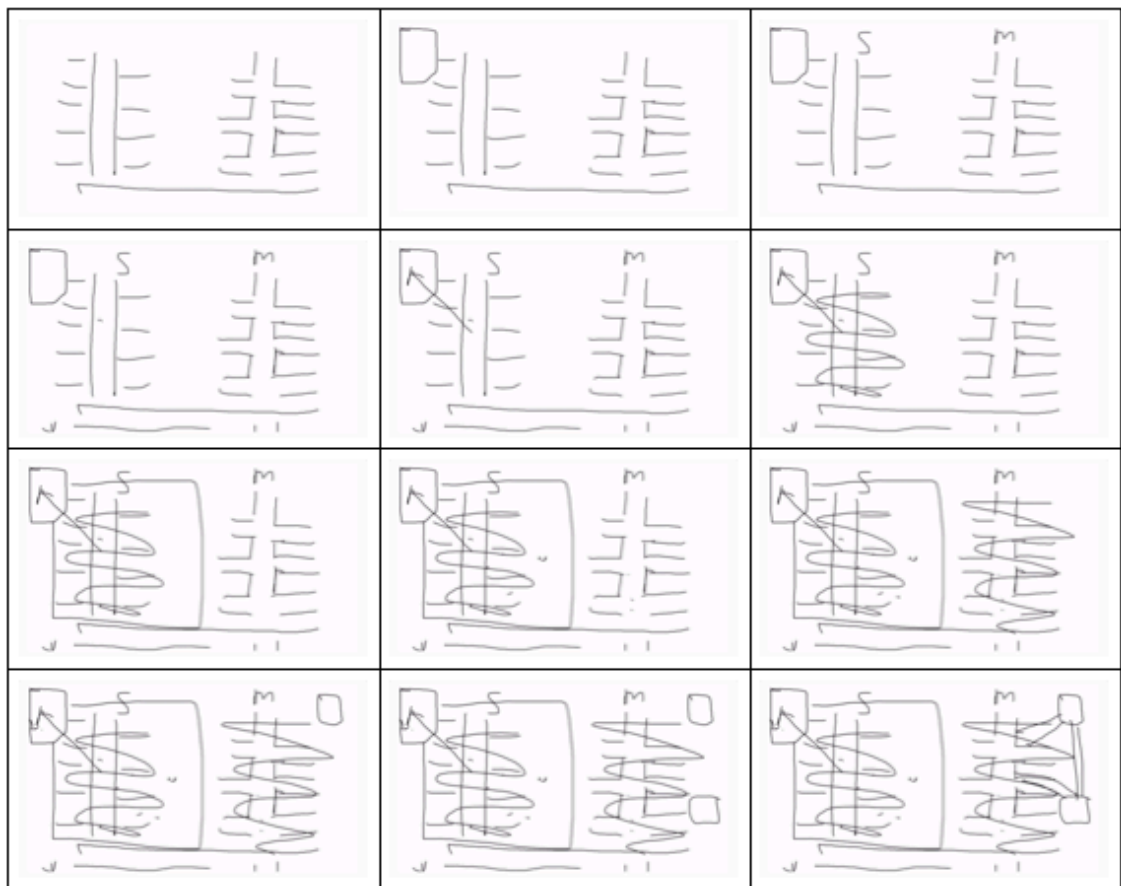


Figure 31. Gill Heaton's description of the demolition of the old MRI. Film Annie Harrison.

The content of the final drawing (Figure 31) provided a visual representation of the destruction of the site. Gill draws the outline of the old corridors. She scribbles out the surgical ward and draws over it the shape of the car park that took its place. Then with the stylus, she stabs at the drawing of the old hospital saying:

‘Then we started to build *this* hospital on *that* car park and started to decant into that and then this got demolished afterwards.’

The place of the hospital has different meanings for different people from pure nostalgia for the loss of the old, to clarity about the need for change. As Staeheli (2003 p167) says, place is a messy concept and people’s definition of it depends on their position and their perspective.

The drawn maps were a means for the participants to move around the old hospital environment, performing memory, inhabiting space with meaning and turning it back into place. In the drawn maps, the hospital site again becomes the location for friendships and laughter, learning and labour, worry and shock. All of this is captured in the participants’ mapping and in the film, but not in the cartographic map of the building, which discloses none of the detail of life in the hospital. In the drawn maps, the old hospital, now a non-space, because the physical buildings have gone, continues to be place, as real as it ever was in the memories of the people who knew it. In contrast, in the first chapter I argued that the new hospital, which exists as a space, could be described as a non-place (Augé, 1995) because of its transient nature and its institutional texts such as the check-in signs described in the first chapter. The words spoken by Gill in the film seem to support this, as, reflecting on the old hospital from her office in the new one, she uses the language of marketing and politics when describing the need for the old MRI to be demolished.

‘It was just so *past its sell by date*... it was built at the turn of the century and 70, 80, 90 years later it was just *not fit for purpose*...’ (my italics)

However, Graham, also in the walking interview pointed out that the old MRI was, in its time, at the cutting edge of design, architecture and technology and may well have engendered an equal nostalgia for the hospital in Piccadilly Gardens that it replaced. Perhaps then, given time and familiarity, the new hospital will too become place.

Showing the film in the hospital



Figure 32. Nurses watching 'Drawing Back' during Culture Shots 2014. Photo Annie Harrison.

The commission from Culture Shots gave me the chance to create more 'arting', as I showed the film *'Drawing Back'* to both patients and staff, some of whom would recognise the old MRI (Figure 32). As described in the previous chapter, I did not intend to collect more memories during the screening of the film, but should have anticipated that people might want to tell their own stories (Figure 33), particularly with the ambiguous description in the Culture Shots 2014 programme (see Chapter 2). Offering an activity such as drawing would have been a good way to engage people in the screening, and would have added another dimension to the 'arting' process that was occurring during the showing of the film. In future screenings, I would set up an informal workshop format where people could tell stories and create their own drawn maps either on paper or recorded on an iPad, to maximize the opportunity to add to the collective memory of the hospital.



Figure 33. Staff member talking to artist Annie Harrison about the film during Culture Shots. Photo Roger Bygott.

Despite the challenges, showing the film in the hospital reinforced the contested relationship between space, the abstract concept, and place which has been endowed with value through human connection (Tuan, 1977 p6). It invited the viewer into a different time and place, while remaining in the same space. As people watched it, they remembered the old hospital. One viewer wrote in the comments book: 'I really enjoyed watching the film, it brought back lots of memories'. In addition, the film was for some of the time, shown next to a coffee bar (Figure 33), where the catering staff are not employed by the NHS as they would have been in the old hospital.

Following Culture Shots, a link to the film was put on the CMFT website (CMFT, 2014) and was tweeted about from the hospital twitter account. A copy of the film was also received by Peter Mount, Chair of the Board, on behalf of CMFT in a ceremony in the old MRI Boardroom (Figure 34), to which participants were invited. The film was also deposited in the hospital archive, adding to its' contribution to the collective memory of the site.



Figure 34. Annie Harrison presenting a copy of *Drawing Back* to Peter Mount, Chair of the Trust (CMFT), with Betty Kershaw. Photo Lime.

Memory

The variety of memories and experiences captured by the film ranged from the humorous, to the informative, factual, or moving. It communicates the locus quality of the hospital, a place with a rich depth of layers of narrative that contribute to the creation of place through the slow accumulation of embodied experience, and perhaps points to the loss when places are destroyed. Memories are reconstructed each time they are performed, so there are inevitable changes in the way place is remembered by different people, and by the same person at different times. Betty was very concerned to create accurately drawn maps of the site. While watching the film, she criticized her own and other people's drawings for being inaccurate (Figure 35) and afterwards wrote in the comments book: 'Isn't it funny how memories can be so similar in some ways and so very different in others'. The contradictions in the memories shown in the film and the contradictions between the film and the memories of some of the viewers attest to this fluidity of memory, but also to place as a process (Staeheli, 2003 p159-63), partly due to the constant change

and development of the hospital and to the different cultural and social locations and contexts.



Figure 35 Betty Kershaw (centre) watching 'Drawing Back' during Culture Shots 2014. Photo Annie Harrison.

If memory of place varies so much both between individuals and within an individual's retelling, then we have to consider the best way to memorialise place. The traditional memorialisation through statues and plaques to the culturally and economically dominant, fixes the past by elevating a single perspective as the entire story (Williams, 2004 p19), and removing the responsibility of remembering (Connerton, 2009 p29; Young, 2009). Williams is equally critical of attempts at democratising history through what he terms the 'urban memory' industry, where 'civic history is demeaned... in order to give people a clear point of "connection"'. (Williams, 2004 p18-9). This can result in the commodification of the past, and suggests a shared experience that is as inaccurate as it is nostalgic and ignores diverse experience and dissent. Is it therefore possible to memorialise the old MRI in a way that acknowledges the diversity of experience that creates place?

An important aspect of memorialisation is collective memory, which is reinforced by the film. Whether or not we personally remember the old hospital, watching the film brings other people's memories into our consciousness, reinforcing the collective memory of the hospital and adding us to the list of custodians of that collective memory. It engages the viewer in the production of a different time and space through their concentration on and commitment to the stories. Many people who didn't remember the old hospital still enjoyed hearing about it. One viewer wrote: 'Being young I don't remember the hospital that well, was nice hearing everyones memories of what it used to be'. Another said that she was new to the trust, but found the film very interesting, and was interested in the history of the hospital.

The film itself communicates something of the quality of memory of place. The fading in and out of the drawings speaks of the ghostly presence of the buildings that have gone, and the fleeting nature of the maps reference the disappearance of the buildings themselves. Avery F. Gordon suggests that the presence of ghosts registers the harm inflicted or the loss sustained by social violence done in the past or being done in the present (Gordon, 2011). The ghostly quality of the film may expose my lack of neutrality in this research, that is, my view that the 'small memories' (Semin et al., 1997) of ordinary people are disregarded. The film also communicates affect, with one viewer writing: 'I found the video with child-like drawing with voice over quite moving and striking'; another viewer talked of the compassion as well as humour in the film.

The film does not include all the drawn maps that were recorded, and it also misses many instances where the memories were not captured on the map, where people told me stories but stopped drawing. In the group interview, for example, only three drawn maps were made, and many more stories told. Drawing the map is a trigger for memories and not all memories end up on the map, but they are still part of the 'arting' process that carries on even without a material outcome. While these memories could be annotated, or digitally added to the map as an interactive element, the memory process would be lost, because it was the order of remembering-drawing-speaking that is the record of

remembering and is captured in the film. Different combinations of remembering-drawing-speaking can be seen, remembering-drawing, and remembering-speaking, being the most common, but drawing-remembering, and speaking-remembering can also be observed, and in these cases, it may be that the drawn or spoken embodiment of the memory triggers further memories.

Did the drawing interviews help people recover memory?

After the drawing interviews for the MRI film, I sent out a feedback form (

Appendix 3) that was returned by seven participants. Six people said that drawing made it easier to remember things. Graham wrote 'Drawing did make a significant and positive difference to memory'. Dave wrote that he had not expected drawing to help him remember: 'surprising how much came back... a surprising aid to faltering memory'. I had hoped to ask participants to compare the walking and the drawing interviews for their effectiveness in recovering memory, but only Graham and Betty took part in both, and only Graham answered this question. He wrote: 'walking lets you remember recent (what is), to me, drawing aids remembering the past (what was).' He also said he found it surprising that the drawing interview was directed by the sketching.



Figure 36. Retired nurses demonstrating testing for hooks on hypodermic needles during group interview. Film Annie Harrison.

This research cannot offer evidence of the means by which the drawing elicited memories of place, but it could be that habitual memory or sense memory were involved. Perhaps recalling familiar places through drawing maps helped participants remember the performative or gestural experiences of being in the place, doing particular activities, and this helped to access stories and experiences. As described in the first chapter, memory can be accessed through the body. Though drawing does not involve a physical performance of the gestures of the original activity, perhaps it engages the embodied memory and this helps access memories that would otherwise have remained

unrecovered. In the group interview, after drawing the sterilizer, one of the participants said:

‘...you had to test the needles to make sure they didn’t have a hook on – these are the hypodermic needles...’.

This elicited a habitual memory from a number of the participants (Till, 2006 p333), which they acted out gesturally (Figure 36), demonstrating the way that they ran their thumb nail across the end of the needle. In many of the other interviews, participants broke off from drawing and used gesture to act out the physical aspect of memories that they were recounting (Figure 37). When drawing places which were seen every working day, sense memories, of sights, sounds, smells, tastes etc, could be triggered that bring back feelings which lead to other memories being recovered. In a drawing not included in the film, Tommy described the horrible job of emptying the slops buckets and then made a detailed drawing of the area.



Figure 37. Tommy Higgins demonstrating how patients had to keep their arms and legs in while going through plastic doors in the old MRI. Film Annie Harrison.

Viewers’ responses to seeing the film at the MRI

Many people who remembered the old site wrote comments which suggested that the film had triggered their own memories: ‘A fascinating journey through my history as well as the history of the MRI’. Some comments suggested that

the viewer was recovering memories through viewing the film: 'Really brings back memories that I thought I'd forgotten', including memories of place: 'I recalled all the old buildings that now seem like a distant memory'. The film may therefore have continued the 'arting' process by helping viewers recover memories and thus contribute to the collective memory of the MRI. Many viewers broke off from watching the film to tell me their own memories of the hospital. Another viewer wrote in the comments book, 'It brought back memories for me of my past working here years ago.' Those who didn't remember the site, sometimes told me stories about other places, and spoke about the importance of memories of place. One comment suggested that the visualisation of memories gives the viewer a glimpse of what the speaker themselves sees as they remember: 'The drawings really help me visualise the places people remember. Some of which I can also remember myself.'

Does the addition of a visual element to the oral reminiscence contribute more to creating collective memory than the oral reminiscence alone? Again, I cannot offer any evidence of this, but alongside the gestural maps that Ingold speaks of (Ingold, 2002-5 p6), which accompany the story of the journey, some maps have always been drawn, perhaps to help people remember them. Before literacy was common, churches used images to reinforce religious messages. And in the present day, when our visual culture and learning is often mediated through a screen, perhaps people are more likely to remember memories if they see them on a screen.

Mapping

In recent years, geographers have examined the way that artists have subverted and reframed mapping practices, and even acknowledged that map art raises questions for the field of cartography (Perkins, 2011; Crampton, 2009). As an artist, I have moved in the other direction, learning from geography how to frame my art practice within the field of performative mapping. Why are maps useful in my practice, and how do they communicate the ideas that I want to share? Maps are a metaphor. This is clear when pouring over a damp map in a rainy landscape. 'This' the traveller says, finger

stabbing a faint band of close lines, 'is that', pointing to a distant rise. Maps, despite cartographers' attempts to create 'truth documents' (Dodge et al., 2009 p4-5), and to present maps as neutral, do not stay within these limitations. Not only are they socially constructed as Brian Harley argued (Dodge et al., 2009 p9), but they are also subverted by the use to which they are put (Del Casino and Hanna, 2006). When I read a map of the city of Manchester, I not only use it to find my way from here to there, or to identify where the boundary of this or that property is (Wood, 1992), but in my imagination, I populate it with the people who occupy it, who walk, and walked through its streets. I have made use of this predisposition in my 'Streets Series' books (Figure 12) that illustrate my response to historical maps of Manchester and Salford. According to Sébastien Caquard and William Cartwright, 'the potential for maps to both decipher and tell stories is virtually endless' (Caquard and Cartwright, 2014 p101) and this narrative quality of maps is of current interest to both cartographers and artists, as attested by the May 2014 issue edition of the *Cartographic Journal* on this theme, and a soon to be published issue of *New American Notes Online* which will focus on the artist's perspective on this relationship.

Maps are also relational. They facilitate connections and communication between places and people. Maps are to do with space and place and the feelings that transform one into the other. Maps are also transitional objects, moving people from one place to another, both literally and metaphorically. All of these characteristics of maps are used in my practice.

I will consider two ways that my art practice in this research project benefits from a consideration of performative mapping, which I define as the social tradition of mapping by which identity and place are created through cultural practice as well as the production of material and immaterial images. The drawing process that my participants engaged in was itself performative. Tim Ingold points out that most maps exist only as a gesture in space (Ingold, 2002-5). The drawn maps of my participants were the physical embodiments of performative gestures that, in this case, were captured in a digital drawing. But without the drawing tool, the maps would still have existed as dynamic and

temporal performances, as the participants physically embellished or explained the verbal descriptions. Many of the participants' drawn maps were also constructed with thought and reflection and sometimes correction, as the drawing process leaves less freedom to ignore spatial inconsistencies than does gesture alone, as in Gill's map of the theatre (Figure 29).

'Then there would be, (rubs out a section and redraws) let me get this right then, there would be doors going off there...'

The construction of the map was not always fore-planned. In many instances, the drawing could be said to be the embodiment of memory, in that it takes form in the process of remembering rather than being a product of remembering, as shown in the description of Tommy and the red line earlier in this chapter. The performance of place that the participants engaged in through their embodied practices over many years, led to the accumulation of memories which gave rise to their ability to draw their maps. Without the transformation of space into place through the endowing of value (Tuan, 1977 p6) these particular maps could not have been created. The printed hospital map (Figure 9) is important in that it enables us to plan our visit even before we arrive. We can take an imaginary tour of the building from the map itself. But the maps of the participants in this project could only be created out of the experience of being there.

Performative mapping therefore includes the artefact, the digital drawing process engaged in by participants, and also the embodied practices that the participants engaged in, in the process of accumulating the memories that they are describing. According to Del Casino and Hanna, it is not possible to distinguish between these elements which have all combined to create the performative map (Del Casino and Hanna, 2006 p44). The performative map exists here in a digital form. It exists as a lived experience that is now in the past but exists as memories which can be reconsolidated and shared in the present. It exists as a viewer's temporal experience that can also be reconsolidated and shared. The reconsolidation process may result in changes in the memory (Ferryhough, 2013) and the retelling may also include conscious

or unconscious embellishment and additions. Del Casino and Hanna describe this as making the, 'production and consumption of map spaces a process of both authoring and reading simultaneously' (Del Casino and Hanna, 2006 p51)

Conclusion

During this practice-led research process, I have discovered that in my art practice, as in the practice of many other artists, process can be a product rather than merely a means to an end. The process in this case included the shared experience between me and the individual or group, the opportunity to remember, my communication to the participants of the value of their memories and the performative mapping that led to the participants' knowledge of the hospital site as well as the performative mapping they engaged with when drawing the maps. However, the material product, the film, was also important as a medium of communicating the importance of 'small memories' and perhaps strengthening the collective memory of the old MRI through showing the film in the new hospitals. In this way, not only were the participants' memories shared with patients and staff, but the film elicited further stirring up of viewers' memories of the site, as well as other 'small memories', which were shared with me, and viewers may also have been inspired to share them with others, thus further strengthening collective memory of the old MRI.

The creation of the film could fall into the same trap as the creation of any other memorial, in that it has captured a small selection of a limited number of memories from a small group of people. Without further encouragement of the sharing of memories of the old MRI, these few memories could be solidified into what Austin describes as 'any old snippet of historical memory'. (Williams, 2004) The process in which I was engaged was about valuing memory and encouraging the development of collective memory, but the film could be a barrier to further exploration if it communicates completeness, rather than the 'unfinished memorial process (which) can guarantee the life of memory' (Young, 2009 p270-1).

On the other hand, the film may be a vehicle for encouraging sharing, as it was when it was screened at the hospital. The simplicity of the visualization of the

memory, and its fragmentary quality turn the viewers into co-creators as they unpack the images, and fill in the gaps. This was acknowledged by a viewer who wrote of his/her curiosity about the speakers, who never appear on the screen: 'It also makes you use your imagination to visualise the speaker'. As viewers add to the images with their own imagination, they could be regarded as completing the film in their own way, and like memory itself, a little differently each time. The film attempts to remap the geography of a lost place through the drawn maps and stories, rewriting, in fragmentary form, the current and historical maps of the site by adding the missing element of lived experience, memory, affect, relationships, and subversion of place.

Conclusion

This research began with the story of Vera Millward, a victim of the Yorkshire Ripper. The story was embedded in the place of the old MRI, but when the site was redeveloped, no trace of this place remained and the memory was no longer triggered. This raised the question of how to recover memories once places have changed or been lost.

Through a consideration of place, memory and mapping, I have developed a new method, the drawing interview, by which memories of lost places can be recovered. I have made use of Jenny Hughes' helpful conceptual framework in which she defines three elements for understanding practice as research. The first, artistry, describes the way in which I used my existing skills and practice to design a research process. It included the initial research methods: visual research, artist's residency, archival research, review of literature, and walking interviews. I expected that despite the changes in the site, memories of the old MRI could be recovered through walking interviews. However it seemed that the complete obliteration of the old site was indeed a block to remembering.

The second stage, triggered according to Hughes, by a chance encounter, is that of improvisation. In my case, a number of experiences led to the redesign of the research and the development of the drawing interview method. These were the spontaneous drawings of maps of the site by my walking interview participants, the drawings Bob did to help me create stop-motion animations of some of his memories, my reading about socially constructed mapping and performative mapping and the photograph from Perkins' article about community mapping, and lastly, the recurring image of Kit drawing a square upon the ground. The drawing interview method seems to be effective at helping people recover memories of place when place is lost or changed.

The film '*Drawing Back*' created from the drawing interviews is a new map of the old MRI which, despite being demolished, lives on as 'place'. It shows the different ways that people remember and uncover information about the spatial and performative practices that made up the life of the hospital. It

communicates previously unrecorded information about the lived experience of the old hospital site by capturing the memories of people who worked there. By adding to the collective memory of the old MRI, it is an effective memorial to the subjective experiences in the working lives of ordinary people and communicates the value of 'small memories'. By showing a few fragments of the many layers of memory that have built up over time at the old MRI, the film also becomes a memorial that captures the quality of locus. Showing the film in the new hospital site revealed the contested nature of place and space and juxtaposed the space, but possibly non-place, of the new hospital, with the old MRI, which though it no longer exists as a space, continues to be place. The film contributed to the collective memory of the old MRI both through communicating the memories of the participants and by the unplanned sharing of stories and memories of the old MRI by viewers. In this way the film avoids solidifying the memories of the old MRI and having been deposited in the hospital archive, it could be a portal for further memories to be elicited thus creating an unfinished memorial to the site. The film and the process engaged in with participants and viewers, what I've described here as 'arting', are both to be regarded as outcomes of my art practice.

Decomposition

Hughes' final element is decomposition, the process of disintegration in the face of experiences that confound expectations. In my case, the exposure to ideas of performative mapping led me to consider the performative element of my own work and to reflect on the ways that I have engaged in performativity in the development of a material product. For example, during the making of 'The Lost River', I walked the route of the River Medlock, using historic maps to help me find culverted areas in which the river is hidden underground. At the time, I regarded this as research but now I would describe it as a performative act and see it as part of the art product.

Having identified this performative aspect of my work, I reflected on the relationship between my art practice and my background in acting, particularly my ten years as a member of a theatre company who work with improvised performance. Up until this point, I had not considered that these two art forms

could come together. However, as a direct result of the research process having identified the performative aspect of my work I have also begun to work with performance art. During this research, I have developed a parallel body of work, the Orphan Series, (see Figure 38) which began as an exploration of my new identity as an adult orphan, and has grown into a broader project looking at issues of loss in contemporary society. It has been performed in six iterations, one of which received an award from Live at Lica, and will continue to be part of my art practice as I explore live performance art further.



Figure 38. Image from Orphan 2 performance. Photo Roger Bygott

During this practice-led research I have achieved three of my research objectives, and have developed my art practice by extending my artwork from object-based work into both process-based and performance. This development is a direct result of the research: the research has driven the art practice, just as the art practice has driven the research in an iterative process. Looking to the future, I will take both the process-based and the performance work and use them to uncover further forgotten and unrecorded memories.

Appendices

Appendix 1

Participant information sheet and consent form

Title of Project: Mapping memories of the hospital

Name of Artist: Annie Harrison

Thank you for expressing an interest in participating in this project which is part of an MA by research in Art Practice at Manchester Metropolitan University. The artist will be creating art maps and memorials which record places in the hospital which are important to people. These places may be in the current hospital site, or in buildings or their surroundings that no longer exist.

If you wish to participate, the artist will ask you for stories or memories about a place in the hospital, and will help you to identify where the place is or was using maps of the current or old hospital sites. The stories will be recorded either using audio recording equipment or if you would prefer, in note form, and may be used in artwork which may be put on display in the hospital or to the general public. You will not be identified in the artwork or any accompanying text.

If you do not wish to participate, you are free to refuse.

Please initial box

1. I confirm that I have read and understand this information sheet. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. I understand that I am free to refuse to participate.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.
3. I agree to take part in the project.

☐☐☐

Name of participant

Date

Signature

Contact details (optional)

Name of person taking consent

Date

Signature

When completed, 1 for participant; 1 for artist's file;

Appendix 2

Photography/Film consent form

Title of Project: Mapping memories of the hospital

Name of Artist: Annie Harrison

This project is part of an MA by Research in Art Practice at Manchester Metropolitan University. The artist will be creating art maps and memorials which record places in the hospital which are important to people. These places may be in the current hospital site, or in buildings or their surroundings that no longer exist.

The artist in this project may wish to take photographs/film for the following reasons:

1. *For anonymous use in art or academic work for the project.* For example, images may be used in a photomontage or to show the environment where the research took place.

Please tick box if you consent to the use of photographs/film of you being taken by the artist for anonymous use in art or academic work for this project

☐

2. *As part of the public documentation of your story or memory about the hospital.* For example, people reading your story or memory would also see your photograph/image. Your name will not be made public unless you agree to this, but people may still recognise you

Please tick box if you further consent to your photographs/film being used in public documentation of your story or memory of the hospital.

☐

Please tick box if you would be happy for your name to be used in the film, either in the final credits or to identify you in the body of the film.

☐

INDIVIDUAL'S NAME:.....

SIGNATURE:

ADDRESS:

.....
.....

DATE:

When completed, 1 for participant; 1 for artist's file;

Appendix 3

Feedback sheet for people who participated in the drawing interviews.

If you have not yet seen the film, please answer the following questions before you watch the film:

How did you find the experience of the drawn interviews

Did drawing make any difference to how easy it was to remember places in the MRI that are no longer there?

If you participated in both the walking and the drawing interviews, please answer the question below:

Did you notice any difference in how easy it was to remember things about the old hospital site between the walking interviews and the drawing interviews

After you watch the film:

Do you have any comments about the film

Any other comments:

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